5500-C/package/1988

1988
Return/Report of Employee Benefit Plan

Our records indicate that you will need the attached forms package to report on your employee benefit plan(s). If, however, you were sent the wrong forms or if you need more forms, you may obtain them from IRS distribution centers or field offices of the Pension and Welfare Benefits Administration of the Department of Labor.

Administrators of plans with fewer than 100 participants (other than certain one-participant plans) will file either **Form 5500-C,** Return/Report of Employee Benefit Plan, or **Form 5500-R,** Registration Statement of Employee Benefit Plan.

ERISA imposes penalties for failure to furnish complete information and failure to file statements and returns/reports. The 1988 forms will be screened by a new computer process for completeness, therefore, we urge all employers and plan administrators to comply fully with the filing requirements.

Attention Plan Administrators:

(a) Virtually every qualified pension benefit plan must be amended to comply with recent law changes, including the Tax Reform Act of 1986, the Omnibus Budget Reconciliation Act of 1986, final regulations under the Internal Revenue Code relating to the availability of benefits, and other changes in plan qualification requirements.

In general, except for certain collectively bargained plans, amendments required by the recent law changes must be signed on or before the later of (1) the last day of the plan year beginning in 1989, or (2) the due date (plus extensions) of the employer's tax return that includes the first day of the plan year beginning in 1989. This date can be extended by requesting a determination letter by the date described above. The request must include a copy of proposed amendments and the correct user fee (see Form 8717).

(b) Pension benefit plan participants who receive distributions from the plan must be sent a written explanation of rollover treatment, capital gain treatment, and special five or ten-year averaging treatment of such distributions, if such distributions could qualify for any of these treatments. Failure to provide the participant with this information is subject to a penalty of $10 for each occurrence, up to a total of $5,000 in any calendar year.

(c) The statement that is required by Code section 6057(e) to be provided to separated participants with vested interests must also show any benefits that are forfeitable if the participant dies before a certain date.

This package contains the following forms and related instructions:

Form 5500-C
Form 5500-R
Schedule A (Form 5500)
Schedule B (Form 5500)
Schedule SSA (Form 5500)
Schedule P (Form 5500)

Internal Revenue Service
P.O. Box 6900
Florence, KY 41042

Official Business
Penalty for Private Use, $300
Do Not Forward

Peel off the label and place it in the address area of the Form 5500-C or Form 5500-R you file. Make any necessary corrections on the label.

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Permit No. G-48

T22.51:

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Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

1988 Instructions for Form 5500-C

Return/Report of Employee Benefit Plan (With fewer than 100 participants)

(Code references are to the Internal Revenue Code. ERISA refers to the Employee Retirement Income Security Act of 1974.)

Paperwork Reduction Act Notice.—We ask for this information to carry out the law as specified in ERISA and Code section 6039D. We need it to determine whether the plan is operating according to the law. You are required to give us this information.

The time needed to complete and file the forms listed below reflect the combined requirements of the Internal Revenue Service, Department of Labor, Pension Benefit Guaranty Corporation and the Social Security Administration. These times will vary depending on individual circumstances. The estimated average times are:

	Recordkeeping	Learning about the law or the form	Preparing the form	Copying, assembling, and sending the form to IRS
Form 5500-C	52 hrs., 37 min.	7 hrs., 12 min.	10 hrs., 13 min.	32 min.
Schedule A (Form 5500)	17 hrs., 28 min.	28 min.	1 hr., 42 min.	16 min.
Schedule B (Form 5500)	25 hrs., 50 min.	1 hr.	1 hr., 27 min.	-----
Schedule P (Form 5500)	2 hrs., 9 min.	1 hr., 24 min.	1 hr., 29 min.	-----
Schedule SSA (Form 5500)	6 hrs., 42 min.	12 min.	19 min.	-----

If you have comments concerning the accuracy of these time estimates or suggestions for making these forms more simple, we would be happy to hear from you. You can write to the **Internal Revenue Service,** Washington, DC 20224, Attention: IRS Reports Clearance Officer, TR:FP; or the **Office of Management and Budget,** Paperwork Reduction Project, Washington, DC 20503.

File 1988 forms for plan years that started in 1988. If the plan year differs from the calendar year, fill in the fiscal year space just under the form title. For a short plan year, see Section 1, instruction B.

Reminder: In addition to filing this form with IRS, plans covered by the Pension Benefit Guaranty Corporation termination insurance program must file their Annual Premium Payment, PBGC Form 1, directly with that agency.

Penalties.—ERISA and the Code provide for the assessment or imposition of penalties for not giving complete information and not filing statements and returns/reports. Certain penalties are administrative; that is, they may be imposed or assessed by one of the governmental agencies delegated to administer the collection of Form 5500 series data. Others require a legal conviction.

A. Administrative Penalties.—Listed below are various penalties for not meeting the Form 5500 series filing requirements. One or more of the following five penalties may be imposed or assessed in the event of incomplete filings and /or filings received after the date they are due unless it is determined that your explanation for failure to file properly is for reasonable cause:

1. A penalty of up to $1,000 a day for each day a plan administrator fails or refuses to file a complete return/report. See ERISA section 502(c)(2) and 29 CFR 2560.502c-2.

2. A penalty of $25 a day (up to $15,000) for not filing returns for certain plans of deferred compensation, certain trusts and annuities, and bond purchase plans by the due date(s). See Code section 6652(e). This penalty also applies to returns required to be filed under Code section 6039D.

3. A penalty of $1 a day (up to $5,000) for each participant for whom a registration statement (Schedule SSA (Form 5500)) is required but not filed. See Code section 6652(d)(1).

4. A penalty of $1 a day (up to $1,000) for not filing a notification of change of status of a plan. See Code section 6652(d)(2).

5. A penalty of $1,000 for not filing an actuarial statement. See Code section 6692.

B. Other Penalties.—

1. Any individual who willfully violates any provision of Part 1 of Title I of ERISA shall be fined not more than $5,000 or imprisoned not more than 1 year, or both. See ERISA section 501.

2. A penalty of up to $10,000, 5 years imprisonment, or both, for making any false statement or representation of fact, knowing it to be false, or for knowingly concealing or not disclosing any fact required by ERISA. See section 1027, Title 18, U.S. Code, as amended by section 111 of ERISA.

How To Use This Instruction Booklet

The instructions are divided into four main sections.

Section 1 — Page

A. Who Must File 1
B. When To File 1
Due date 1
Extension of Time To File 1
C. Where To File 2

Section 2

A. Kinds of Plans 2
Pension benefit 2
Welfare benefit 2
Fringe benefit 2
B. Plans Excluded From Filing 2
C. Kinds of Filers 2
D. Investment Arrangements Filing Directly With DOL 3
E. What To File 4
Forms 4
Schedules 4
Other Filings 5

Section 3

General Information—Final return/report; signature and date; reproductions; change in plan year; and amended return/report . . 6

Section 4

Specific Instructions for Form 5500-C listed in numerical sequence 6

Section 1

A. Who Must File.—Any administrator or sponsor of an employee benefit plan subject to ERISA must file information about each such plan **every year** (Code section 6058 and ERISA sections 104 and 4065). Also required to file, for each year, is every employer maintaining a specified fringe benefit plan as described in Code section 6039D. The Internal Revenue Service (IRS), Department of Labor (DOL), and Pension Benefit Guaranty Corporation (PBGC) have consolidated their returns and report forms to minimize the filing burden for plan administrators and employers. The chart on page 7 gives a brief guide to the type of return/report to be filed.

B. When To File.—File all required forms and schedules by the last day of the 7th month after the plan year ends. For a short plan year, file the form and applicable schedules by the last day of the 7th month after the short plan year ends. For purposes of this return/report, the short plan year ends upon the date of the change in accounting period or upon the complete distribution of the assets of the plan. (Also see Section 3.) If the current year Form 5500-C is not available before the due date of your short plan year return/report, use the latest year form available and change the date printed on the return/report to the current year. Also show the dates your short plan year began and ended.

Request for Extension of Time To File.—A one time extension of time up to 2½ months may be granted for filing returns/reports if **Form 5558,** Application for Extension of Time to File Certain Employee Plan Returns, is filed **before the normal due date of the return/report.**

Exception: *Single-employer plans and plans of a controlled group of corporations which file consolidated Federal income tax returns are automatically granted an extension of time to file Form 5500, 5500-C, or 5500-R to the due date of the Federal income tax return of the single employer or controlled group of corporations if all the following conditions are met:*

1. The plan year and the tax year coincide.

2. The single employer or the controlled group has been granted an extension of time to file its Federal income tax return to a date later than the normal due date for filing the Form 5500, 5500-C, or 5500-R.

3. A copy of the IRS extension of time to file the Federal income tax return is attached to each Form 5500, 5500-C, or 5500-R filed with IRS.

Note: *An extension of time to file the return/report does not operate as an extension of time to file the PBGC Form 1.*

C. Where To File.—Please file the return/report with the Internal Revenue Service Center indicated below. No street address is needed.

See page 5 for the filing address for investment arrangements filing directly with DOL.

If the principal office of the plan sponsor or the plan administrator is located in ▼	Use the following Internal Revenue Service Center address ▼
Connecticut, Delaware, District of Columbia, Foreign Address, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virginia	Holtsville, NY 00501
Alabama, Alaska, Arkansas, California, Florida, Georgia, Hawaii, Idaho, Louisiana, Mississippi, Nevada, North Carolina, Oregon, South Carolina, Tennessee, Washington	Atlanta, GA 39901
Arizona, Colorado, Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, Texas, Utah, West Virginia, Wisconsin, Wyoming	Memphis, TN 37501
All Form 5500EZ filers	Andover, MA 05501

Section 2

A. Kinds of Plans.—Employee benefit plans include pension benefit plans and welfare benefit plans. File the applicable return/report for any of the following plans.

(a) Pension benefit plan.—This is an employee pension benefit plan covered by ERISA. The return/report is due whether or not the plan is qualified and even if benefits no longer accrue, contributions were not made this plan year, or contributions are no longer made ("frozen plan" or "wasting trust"). See Section 3, "Final Return/Report" on page 6.

Pension benefit plans required to file include defined benefit plans and defined contribution plans (e.g., profit-sharing, stock bonus, money purchase plans, etc.). The following are among the pension benefit plans for which a return/report must be filed:

(i) Annuity arrangements under Code section 403(b)(1).

(ii) Custodial account established under Code section 403(b)(7) for regulated investment company stock.

(iii) Individual retirement account established by an employer under Code section 408(c).

(iv) Pension benefit plan maintained outside the United States primarily for nonresident aliens if the employer who maintains the plan is:

(A) a domestic employer, or

(B) a foreign employer with income derived from sources within the U.S. (including foreign subsidiaries of domestic employers) and deducts contributions to the plan on its U.S. income tax return. See "Plans Excluded From Filing" below.

(v) Church plans electing coverage under Code section 410(d).

(vi) A plan that covers residents of Puerto Rico, the Virgin Islands, Guam, Wake Island, or American Samoa. This includes a plan that elects to have the provisions of section 1022(i)(2) of ERISA apply.

See "Items To Be Completed on Form 5500-C" on page 4 for more information about what questions need to be completed by pension plans.

(b) Welfare benefit plan.—This is an employee welfare benefit plan covered by Part 1 of Title I of ERISA. Welfare plans would provide benefits such as medical, dental, life insurance, apprenticeship training, educational assistance, severance pay, disability, etc.

See "Items To Be Completed on Form 5500-C" on page 4 for more information about what questions need to be completed for welfare benefit plans.

(c) Fringe benefit plan.—Group legal services plans described in Code section 120, cafeteria plans described in Code section 125, and educational assistance programs described in Code section 127 are considered fringe benefit plans and generally are required to file the annual information specified by Code section 6039D. However, Code section 127 educational assistance programs which provide only job-related training which is deductible under Code section 162 do not need to file Form 5500-C.

See "Items To Be Completed on Form 5500-C" on page 4 for more information about how to complete this form for a fringe benefit plan.

B. Plans Excluded From Filing (this does not apply to a fringe benefit plan required to file by Code section 6039D).—Do not file a return/report for an employee benefit plan that is any of the following:

(a) A welfare benefit plan which covers fewer than 100 participants as of the beginning of the plan year and is: (i) fully insured, (ii) unfunded, or (iii) a combination of insured and unfunded.

(1) An unfunded welfare benefit plan has its benefits paid as needed directly from the general assets of the employer or the employee organization that sponsors the plan.

(2) A fully insured welfare benefit plan has its benefits provided exclusively through insurance contracts or policies, the premiums of which must be paid directly by the employer or employee organization from its general assets or partly from its general assets and partly from contributions by its employees or members (which the employer or organization forwards within 3 months of receipt).

(3) A combination unfunded/insured welfare plan has its benefits provided partially as an unfunded plan and partially as a fully insured plan. An example of such a plan is a plan which requires the employer to reimburse an employee for hospital expenses with the first $1,000 per year of benefits paid from the general assets of the employer and any benefits above $1,000 paid from a stop loss insurance contract.

The insurance contracts or policies discussed above must be issued by an insurance company or similar organization (such as Blue Cross, Blue Shield or a health maintenance organization) that can legally do business in any state. A plan meeting (1) cannot have any assets at any time during the plan year.

"Directly," as used in (1) above, means that the plan cannot use a trust or separately maintained fund (including a Code section 501(c)(9) trust) to hold plan assets or to act as a conduit for the transfer of plan assets.

See 29 CFR 2520.104-20.

Note: *An "employees' association" as used in Code section 501(c)(9) should not be confused with the employee organization or employer which establishes and maintains (i.e., sponsors) the welfare benefit plan.*

(b) An unfunded pension benefit plan or an unfunded or combination unfunded and insured welfare benefit plan: (1) whose benefits go only to a select group of management or highly compensated employees, and (2) which meets the terms of Department of Labor Regulations 29 CFR 2520.104-23 (including the requirement that a notification statement be filed with DOL) or 29 CFR 2520.104-24.

(c) Plans maintained only to comply with workers' compensation, unemployment compensation, or disability insurance laws.

(d) An unfunded excess benefit plan.

(e) A welfare benefit plan maintained outside the United States primarily for persons substantially all of whom are nonresident aliens.

(f) A pension benefit plan maintained outside the United States if it is a qualified foreign plan within the meaning of Code section 404A(e) that does not qualify for the treatment provided in Code section 402(c).

(g) An annuity arrangement described in 29 CFR 2510.3-2(f).

(h) A simplified employee pension (SEP) described in Code section 408(k) which conforms to the alternative method of compliance described in 29 CFR 2520.104-48 or 29 CFR 104-49. A SEP is a pension plan which meets certain minimum qualifications regarding eligibility and employer contributions.

(i) A church plan not electing coverage under Code section 410(d) or a governmental plan.

(j) A welfare plan (other than a fringe benefit plan) that participates in a group insurance arrangement that files a return/report Form 5500 on its behalf. A group insurance arrangement is an arrangement which provides benefits to the employees of two or more unaffiliated employers (not in connection with a multi-employer plan or a multiple-employer-collectively-bargained plan), fully insures one or more welfare plans of each participating employer, and uses a trust (or other entity such as a trade association) as the holder of the insurance contracts and the conduit for payment of premiums to the insurance company. For further details, see 29 CFR 2520.104-43.

C. Kinds of Filers.—Item 4 on the Form 5500, 5500-C, and 5500-R lists the

different types of entities which file the forms. These entities are described below.

(a) Single-employer plan.—If one employer or one employee organization maintains a plan, file a separate return/report for the plan. If the employer or employee organization maintains more than one such plan, file a separate return/report for each plan.

If a member of either a controlled group of corporations or a group of trades or businesses under common control maintains a plan that does not involve other group members, file a separate return/report as a single-employer plan.

If several employers participate in a program of benefits wherein the funds attributable to each employer are available only to pay benefits to that employer's employees, each employer must file a separate return/report.

(b) Plan for controlled group of corporations or group of trades or businesses under common control.—These groups are defined in Code sections 414(b) and (c), and are referred to as controlled groups.

If the benefits are payable to participants from the plan's total assets without regard to contributions by each participant's employer, file one return/report for the plan. On the return/report for the plan, complete item 22 only for the controlled group's employees.

Exception: Employers who participate in a plan of one of the groups listed above but who are not members of the group must file a separate return/report. The return/report should be filed on Form 5500-C or 5500-R, as applicable (see "What To File" on page 4). On the Form 5500-C, complete only items 1, 2, 3, 4f, 5, 6, 9, and 22. On Form 5500-R, complete only items 1 through 3, 4f, and 5 through 8b.

If several employers participate in a program of benefits wherein the funds attributable to each employer are available only to pay benefits to that employer's employees, each employer must file a separate return/report as a single employer plan.

(c) Multiemployer plan.— Multiemployer plans are plans: (1) to which more than one employer is required to contribute; (2) which are maintained pursuant to one or more collective bargaining agreements, and (3) have not made the election under Code section 414(f)(5) and ERISA section 3(37)(E). File one return/ report for each such plan. Contributing employers do not file individually with respect to such plans. See Code section 414 for more information.

(d) Multiple-employer-collectively-bargained plan.—A multiple-employer-collectively-bargained plan involves more than one employer, is collectively bargained and collectively funded, and, if covered by PBGC termination insurance, has properly elected before 9-27-81 not to be treated as a multiemployer plan under Code section 414(f)(5) or ERISA sections 3(37)(E) and 4001(a)(3). File one return/report for each such plan. Participating employers do not file individually for these plans.

(e) Multiple-employer plan (other).—A multiple-employer plan (other) involves more than one employer and is not one of the plans already described. A multiple-employer plan (other) includes only plans whose contributions from individual employers are available to pay benefits to all participants. File one return/report for each such plan.

In addition, for pension benefit plans, each participating employer files either a Form 5500-C, regardless of the number of participants, or Form 5500-R. On Form 5500-C, complete only items 1, 2, 3, 4f, 5, 6, 9, and 22. On Form 5500-R, complete only items 1 through 3, 4f, and 5 through 8b.

Note: *If a participating employer is also the sponsor of the multiple-employer plan (other), the plan number on the return/report filed for the plan should be 333. The Form 5500-C or Form 5500-R filed by the participating employer should list his or her appropriate plan number.*

If more than one employer participates in the plan and the plan provides that each employer's contributions are available to pay benefits only for that employer's employees who are covered by the plan, one annual return/report must be filed for each participating employer. These filers will be considered single employers and should complete the entire form.

D. Investment Arrangements Filing Directly With DOL.—Some plans invest in certain trusts, accounts, and other investment arrangements which may file information concerning itself and its relationship with employee benefit plans (as specified on page 5) directly with DOL. Plans participating in an investment arrangement as described in paragraphs **a** through **c** below are required to attach certain additional information to the return/report filed with IRS as specified below.

a. Common/Collective Trust and Pooled Separate Account

(i) Definition. For reporting purposes, a common/collective trust is a trust maintained by a bank, trust company, or similar institution which is regulated, supervised, and subject to periodic examination by a state or Federal agency for the collective investment and reinvestment of assets contributed thereto from employee benefit plans maintained by more than one employer or controlled group of corporations, as the term is used in Code section 1563. For reporting purposes, a pooled separate account is an account maintained by an insurance carrier which is regulated, supervised, and subject to periodic examination by a state or Federal agency for the collective investment and reinvestment of assets contributed thereto from employee benefit plans maintained by more than one employer or controlled group of corporations, as the term is used in Code section 1563. See 29 CFR sections 2520.103-3, 2520.103-4, 2520.103-5, and 2520.103-9.

Note: *For reporting purposes, a separate account which is not considered to be holding plan assets pursuant to 29 CFR 2510.3-101(h)(1)(iii), shall not constitute a pooled separate account.*

(ii) Additional Information Required To Be Attached to the Form 5500-C for Plans Participating in Common/Collective Trusts and Pooled Separate Accounts. A plan participating in a common/collective trust or pooled separate account must complete the annual return/report in accordance with the specific instructions and attach either (1) the most recent statement of the assets and liabilities of any common/collective trust or pooled separate account, or (2) a certification that: (A) the statement of the assets and liabilities of the common/collective trust or pooled separate account has been submitted directly to DOL by the financial institution or insurance carrier; (B) the plan has received a copy of the statement; and (C) includes the EIN and other numbers used by the financial institution or insurance carrier to identify the trusts or accounts in the direct filing made with DOL.

b. Master Trust

(i) Definition. For reporting purposes, a master trust is a trust for which a regulated financial institution (as defined below) serves as trustee or custodian (regardless of whether such institution exercises discretionary authority or control with respect to the management of assets held in the trust), and in which assets of more than one plan sponsored by a single employer or by a group of employers under common control are held.

A "regulated financial institution" means a bank, trust company, or similar financial institution which is regulated, supervised, and subject to periodic examination by a state or Federal agency. Common control is determined on the basis of all relevant facts and circumstances (whether or not such employers are incorporated). See 29 CFR 2520.103-1(e).

For reporting purposes, the assets of a master trust are considered to be held in one or more "investment accounts." A master trust investment account may consist of a pool of assets or a single asset.

Each pool of assets held in a master trust must be treated as a separate master trust investment account if each plan which has an interest in the pool has the same fractional interest in each asset in the pool as its fractional interest in the pool, and if each such plan may not dispose of its interest in any asset in the pool without disposing of its interest in the pool. A master trust may also contain assets which are not held in such a pool. Each such asset must be treated as a separate master trust investment account.

Financial information must generally be provided with respect to each master trust investment account as specified on page 5.

(ii) Additional Information Required To Be Attached to the Form 5500-C for Plans Participating in Master Trusts. A plan participating in a master trust must complete the annual return/report and attach to it a schedule listing each master trust investment account in which the plan has an interest indicating the plan's name, EIN, and plan number and the name of the master trust used in the master trust information filed with DOL (see page 5). For each investment account you must show, in tabular format, the net value of the plan's interest in each investment account at the beginning and end of the plan year, and the net investment gain (or loss) allocated to the plan for the plan year from the investment account.

Note: *If a master trust investment account consists solely of one plan's asset(s) during the reporting period, the plan may report*

the(se) asset(s) either as an investment account to be reported as part of the master trust report filed directly with DOL or as a plan asset(s) which is not part of the master trust (and therefore subject to all instructions pertaining to assets not held in a master trust).

c. 103-12 Investment Entities

Definition. 29 CFR 2520.103-12 provides an alternative method of reporting for plans which invest in an entity (other than an investment arrangement filing with DOL described in **a** or **b** above), the underlying assets of which include "plan assets" (within the meaning of 29 CFR 2510.3-101) of two or more plans which are not members of a "related group" of employee benefit plans. For reporting purposes, a "related group" consists of each group of two or more employee benefit plans (1) each of which receives 10 percent or more of its aggregate contributions from the same employer or from a member of the same controlled group of corporations (as determined under Code section 1563(a), without regard to Code section 1563(a)(4) thereof); or (2) each of which is either maintained by, or maintained pursuant to a collective bargaining agreement negotiated by, the same employee organization or affiliated employee organizations. For purposes of this paragraph, an "affiliate" of an employee organization means any person controlling, controlled by, or under common control with such organization. See 29 CFR 2520.103-12.

For reporting purposes, the investment entities described above with respect to which the required information is filed directly with DOL constitute "103-12 investment entities" (103-12 IEs).

E. What To File.—The circumstances that dictate which form should be filed are described below. In addition, there are schedules that may need to be attached to the return/report. These are also described below. Finally, this section also contains a description of special filing requirements for plans that invest in certain investment arrangements. A brief guide illustrating which forms and schedules are required by different types of plans and filers may be found on page 7.

Forms

Form 5500.—File **Form 5500**, Annual Return/Report of Employee Benefit Plan, annually for each plan with 100 or more participants at the beginning of the plan year.

Form 5500-C.—File **Form 5500-C,** Return/Report of Employee Benefit Plan, for each pension benefit plan, welfare benefit plan, and fringe benefit plan (unless otherwise exempted) with fewer than 100 participants (one-participant plans see "Form 5500EZ" below) at the beginning of the plan year. File Form 5500-C for the first plan year, the year for which the final return/report is due, and for plan years in which a Form 5500-R is not filed as explained below.

Form 5500-R.—**Form 5500-R,** Registration Statement of Employee Benefit Plan (with fewer than 100 participants), may be filed instead of a Form 5500-C for this plan year provided (a) this is not the first plan year, (b) this is not a year for which the final return/report is due, and (c) a Form 5500-C has been filed for one of the prior 2 plan years. The Form 5500-R should not be filed if (a) this plan year is the first plan year, (b) this is the plan year for which a final return/report is due, or (c) the Form 5500-R has been filed for both of the prior 2 plan years.

Any plan may choose not to file the Form 5500-R if the plan files the Form 5500-C instead.

Note: *Generally, under the filing requirements explained above, if the number of plan participants increases from under 100 to 100 or more, or decreases from 100 or more to under 100, from one year to the next, you would have to file a different form from that filed the previous year. However, there is an exception to this rule. You may file the same form you filed last year, even if the number of participants changed, provided that at the beginning of this plan year the plan had at least 80 participants, but not more than 120.*

Form 5500EZ.—**Form 5500EZ**, Annual Return of One-Participant Pension Benefit Plan, should be filed by most one-participant plans.

A one-participant plan is: (1) a pension benefit plan that covers only an individual or an individual and his or her spouse who wholly own a trade or business, whether incorporated or unincorporated; or (2) a pension benefit plan for a partnership that covers only the partners or the partners and the partners' spouses.

See Form 5500EZ and its instructions to see if the plan meets the requirements for filing the form.

Items To Be Completed on Form 5500-C

Certain kinds of plans and certain kinds of filers that are required to submit Form 5500-C are **not** required to complete the entire form. These are described below, by type of plan. Check the list of headings to see if your plan is affected.

1. Welfare Benefit Plans—Welfare benefit plans generally must complete the following items on the Form 5500-C: 1 through 6c; 7a; 8a, c, d, and e; 9a, b, c, and f; 10a through d; 11 through 14; and 29 through 31.

Note: *If one Form 5500-C is filed for both a welfare plan and a fringe benefit plan, items 22c, 22g, and 22i must be completed in addition to the items listed above for welfare plans.*

2. Fringe Benefit Plans—A Form 5500-C filed only because of Code section 6039D (i.e., for a fringe benefit plan) need complete only items 1 through 6a, 7a, 9a, 9b, 22c, 22g, 22i, 31h, and 31j.

If the annual return/report is also for a welfare benefit plan (see "Who Must File" on page 1), complete the above items and those specified for welfare benefit plans in "1" above.

3. Pension Plans—In general, most pension plans (defined benefit and defined contribution) are required to complete all items on the form. However, some items need not be completed by certain types of pension plans, as described below.

a. Plans exclusively using a tax deferred annuity arrangement under Code section 403(b)(1). These plans need only complete items 1 through 5, 6b(iv), and 9.

b. Plans exclusively using a custodial account for regulated investment company stock under Code section 403(b)(7).These plans need only complete items 1 through 5, 6b(v), and 9.

c. Individual Retirement Account Plan.—A pension plan utilizing individual retirement accounts or annuities (as described in Code section 408) as the sole funding vehicle for providing benefits need only complete items 1 through 5, 6b(vi), and 9.

d. Fully Insured Pension Plan.—A pension benefit plan providing benefits exclusively through an insurance contract, or contracts that are fully guaranteed, and which meets all of the conditions of 29 CFR 2520.104-44 need only complete items 1 through 29b. A pension plan which includes both insurance contracts of the type described in 29 CFR 2520.104-44 as well as other assets should limit its reporting in items 30 and 31 to those other assets.

Note: *For purposes of the annual return/report and the alternative method of compliance set forth in 29 CFR 2520.104-44, a contract is considered to be "allocated" only if the insurance company or organization that issued the contract unconditionally guarantees, upon receipt of the required premium or consideration, to provide a retirement benefit of a specified amount, without adjustment for fluctuations in the market value of the underlying assets of the company or organization, to each participant, and each participant has a legal right to such benefits which is legally enforceable directly against the insurance company or organization.*

e. Nonqualified Plans Maintained Outside the U.S.—Nonqualified pension benefit plans maintained outside the United States primarily for nonresident aliens required to file a return/report (see "Who Must File" on page 1) need only complete items 1 through 8c, 9 through 12, and 15 through 17.

4. Plans of More Than One Employer—All plans of more than one employer (plans of a controlled group, multiemployer plans, multiple-employer-collectively-bargained plans, and multiple-employer-plan (other)) generally should complete all applicable (welfare or pension) items on the form except for item 6d. Only single-employer pension plans must complete this item. In addition, multiemployer and multiple-employer-collectively-bargained plans need not complete item 22 on the Form 5500-C.

Schedules

The various schedules to be attached to the return/report are listed below.

Note: *All attachments to the Forms 5500, 5500-C, and 5500-R must include the name of the plan and the EIN and plan number (PN) as found in items 5a, 1b, and 5c, respectively.*

Attach Schedule A (Form 5500), Insurance Information, to Form 5500, 5500-C, or 5500-R if any benefits under the plan are provided by an insurance company, insurance service, or other similar organization (such as Blue Cross, Blue Shield, or a health maintenance organization).

Exception: *Schedule A (Form 5500) is not needed if the plan covers: (1) only an individual, or an individual and his or her spouse, who wholly owns a trade or business, whether incorporated or unincorporated; or (2) a partner in a partnership, or a partner and his or her spouse.*

Do not file a Schedule A (Form 5500) with a Form 5500EZ.

Attach Schedule B (Form 5500), Actuarial Information, to Forms 5500, 5500-C, 5500-R, or 5500EZ for most defined benefit pension plans. See instructions for Schedule B.

Schedule SSA (Form 5500), Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits, may be needed for separated participants. See "When To Report Separated Participants" in the instructions for Schedule SSA.

Schedule P (Form 5500), Annual Return of Fiduciary of Employee Benefit Trust.—Any fiduciary (trustee or custodian) of an organization that is qualified under Code section 401(a) and exempt from tax under Code section 501(a) who wants to protect the organization under the statute of limitations provided in Code section 6501(a) must file a Schedule P (Form 5500).

File the Schedule P (Form 5500) as an attachment to Form 5500, 5500-C, 5500-R, or 5500EZ for the plan year in which the trust year ends.

Other Filings

Reporting Requirements for Investment Arrangements Filing Directly With DOL

Certain investment arrangements for employee benefit plans file financial information directly with DOL. These arrangements include common/collective trusts, pooled separate accounts, master trusts, and 103-12 IEs. Definitions of these investment arrangements may be found on page 3. Their DOL filing requirements are described below.

A. Common/Collective Trust and Pooled Separate Account Information To Be Filed Directly With DOL

Financial institutions and insurance carriers filing the statement of the assets and liabilities of a common/collective trust or pooled separate account should identify the trust or account by providing the EIN of the trust or account, or (if more than one trust or account is covered by the same EIN) both the EIN and any additional number assigned by the financial institution or insurance carrier (such as: 99-1234567 Trust No. 1); and a list of all plans participating in the trust or account, identified by the plan number, EIN, and name of the plan sponsor. The direct filing should be addressed to:

Common/Collective Trust (OR)
Pooled Separate Account
Pension and Welfare Benefits Administration
U.S. Department of Labor, Room N5644
200 Constitution Avenue, NW
Washington, DC 20210

B. Master Trust Information To Be Filed Directly With DOL

The following information with respect to a master trust must be filed with DOL by the plan administrator or by a designee, such as the administrator of another plan participating in the master trust or the financial institution serving as trustee of the master trust, no later than the date on which the plan's return/report is due. While only one copy of the required information should be filed for all plans participating in the master trust, the information is an integral part of the return/report of each participating plan, and the plan's return/report will not be deemed complete unless all the information is filed within the prescribed time.

Note: *If a master trust investment account consists solely of one plan's asset(s) during the reporting period, the plan may report the(se) asset(s) either as an investment account to be reported as part of the master trust report filed directly with DOL or as a plan asset(s) which is not part of the master trust (and therefore subject to all instructions pertaining to assets not held in a master trust).*

Each of the following statements and schedules must indicate the name of the master trust and the name of the master trust investment account. The information shall be filed with DOL by mailing it to:

Master Trust
Pension and Welfare Benefits Administration
U.S. Department of Labor, Room N5644
200 Constitution Avenue, NW
Washington, DC 20210

1. The name and fiscal year of the master trust and the name and address of the master trustee.

2. A list of all plans participating in the master trust, showing each plan's name, EIN, PN, and its percentage interest in each master trust investment account as of the beginning and end of the fiscal year of the master trust ending with or within the plan year.

3. A statement, in the same format as Part I of Schedule C (Form 5500), for each master trust investment account showing amounts of compensation paid during the fiscal year of the master trust ending with or within the plan year to persons providing services with respect to the investment account and subtracted from the gross income of the investment account in determining the net increase (decrease) in net assets of the investment account.

4. A statement for each master trust investment account showing the assets and liabilities of the investment account at the beginning and end of the fiscal year of the master trust ending with or within the plan year, grouped in the same categories as those specified in item 34 of Form 5500.

5. A statement for each master trust investment account showing the income and expenses, changes in net assets, and net increase (decrease) in net assets of each such investment account during the fiscal year of the master trust ending with or within the plan year, in the categories specified in item 35 of Form 5500. In place of item 35a, show the total of all transfers of assets into the investment account by participating plans. In place of item 35j, show the total of all transfers of assets out of the investment account by participating plans.

6. Schedules, in the format set forth in the instructions for item 30 of Form 5500, of the following items with respect to each master trust investment account for the fiscal year of the master trust ending with or within the plan year: assets held for investment, nonexempt party-in-interest transactions, defaulted or uncollectible loans and leases, and 5% transactions involving assets in the investment account. The 5% figure shall be determined by comparing the current value of the transaction at the transaction date with the current value of the investment account assets at the beginning of the applicable fiscal year of the master trust.

C. 103-12 IE Information To Be Filed Directly With DOL

The information described below must be filed with the DOL by the sponsor of the 103-12 IE no later than the date on which the plan's return/report is due before the plan administrator can elect the alternative method of reporting. While only one copy of the required information should be filed for the 103-12 IE, the information is an integral part of the return/report of each plan electing the alternative method of compliance.

The filing address is:

103-12 Investment Entity
Pension and Welfare Benefits Administration
U.S. Department of Labor, Room N5644
200 Constitution Avenue NW
Washington, DC 20210

1. The name, fiscal year, and EIN of the 103-12 IE and the name and address of the sponsor of the 103-12 IE. If more than one 103-12 IE is covered by the same EIN, they shall be sequentially numbered as follows: 99-1234567 Entity No. 1.

2. A list of all plans participating in the 103-12 IE, showing each plan's name, EIN, PN, and its percentage interest in the 103-12 IE as of the beginning and end of the fiscal year of the 103-12 IE ending with or within the plan year.

3. A statement, in the same format as Part I of Schedule C (Form 5500), for the 103-12 IE showing amounts of compensation paid during the fiscal year of the 103-12 IE ending with or within the plan year to persons providing services to the 103-12 IE.

4. A statement showing the assets and liabilities at the beginning and end of the fiscal year of the 103-12 IE ending with or within the plan year, grouped in the same categories as those specified in item 34 of Form 5500.

5. A statement showing the income and expenses, changes in net assets, and net increase (decrease) in net assets during the fiscal year of the 103-12 IE ending with or within the plan year, grouped in the same categories specified in item 35 of Form 5500. In place of item 35a, show the total of all transfers of assets into the 103-12 IE by participating plans. In place of item 35j, show the total of all transfers of assets out of the 103-12 IE by participating plans.

6. Schedules, in the format set forth in the instructions for item 30 of Form 5500 (except item 30c) with respect to the 103-12 IE for the fiscal year of the 103-12 IE investment entity ending with or within the plan year. Substitute the term "103-12 IE" in place of the word "plan" when completing the schedules.

7. A report of an independent qualified public accountant regarding the above items and other books and records of the 103-12 IE which meets the requirements of 29 CFR 2520.103-1(b)(5).

Section 3
General Information

Final Return/Report.—If all assets under the plan (including insurance/annuity contracts) have been distributed to the participants and beneficiaries or distributed to another plan (and when all liabilities for which benefits may be paid under a welfare plan have been satisfied), check the "final return/report" box at the top of the form filed for such plan. The year of complete distribution is the last year a return/report must be filed for the plan. For purposes of this paragraph, a complete distribution will occur in the year in which the assets of a terminated plan are brought under the control of PBGC.

For a defined benefit plan covered by PBGC, a PBGC Form 1 must be filed and a premium must be paid until the end of the plan year in which the assets are distributed or brought under the control of PBGC.

Filing the return/report marked "final return" and indicating that the plan terminated satisfies the notification requirement of Code section 6057(b)(3).

Signature and Date.—The plan administrator must sign and date all returns/reports filed. In addition the employer must sign a return/report filed for a single-employer plan or a plan required to file only because of Code section 6039D.

When a joint employer-union board of trustees or committee is the plan sponsor or plan administrator, at least one employer representative and one union representative must sign and date the return/report.

Participating employers in a multiple-employer plan (other), who are required to file Form 5500-C or 5500-R, are required to sign the return/report. The plan administrator need not sign the Form 5500-C or 5500-R filed by the participating employer.

Reproductions.—Original forms are preferable, but a clear reproduction of the completed form is acceptable. Sign the return/report after it is reproduced. All signatures must be original.

Change in Plan Year.—Generally only defined contribution pension benefit plans need to get prior approval for a change in plan year. (See Code section 412(c)(5).) Rev. Proc. 87-27, 1987-1 C.B. 769 explains the procedure for automatic approval of a change in plan year. A pension benefit plan that would ordinarily need to obtain approval for a change in plan year under Code section 412(c)(5) is granted an automatic approval for a change in plan year if all the following criteria are met:

1. No plan year is more than 12 months long.

2. The change will not delay the time when the plan otherwise would have been required to conform to the requirements of any statute, regulation, or published position of the IRS.

3. The trust, if any, retains its exempt status for the short period required to effect the change, as well as for the taxable year immediately preceding the short period.

4. All actions necessary to implement the change in plan year, including plan amendment and a resolution of the board of directors (if applicable), have been taken on or before the last day of the short period.

5. No change in plan year has been made for any of the preceding plan years.

6. In the case of a defined benefit plan, deductions are taken in accordance with section 5 of Rev. Proc. 87-27.

For the first return/report that is filed following the change in plan year, check the box indicated on the second line under the title at the top of the form (or item 1d if Form 5500-R is being filed).

Amended Return/Report.—If you file an amended return/report, check the "(ii) and amended return/report" box at the top of the form. When filing an amended return, be sure to answer all questions and put a circle around the numbers of the items that have been amended.

How the Annual Return/Report Information May Be Used.—All Form 5500 series return/reports will be subjected to a computerized review. It is, therefore, in the filer's best interest that the responses accurately reflect the circumstances they were designed to report. Annual reports filed under Title I of ERISA must be made available by plan administrators to plan participants and by the Department of Labor to the public pursuant to ERISA section 104.

Section 4
Specific Instructions for Form 5500-C

Important: Answer all items on the Form 5500-C with respect to the plan year, unless otherwise explicitly stated in the item-by-item instructions or on the form itself. Therefore, your responses usually apply to the year entered or printed at the top of the first page of the form. Yes and no questions are to be marked either "yes" or "no" but not both. If neither "yes" nor "no" apply, enter "N/A."

Information To Be Completed at the Top of the Form

First Line at the top of the form—Complete the space for dates when: (1) the 12-month plan year is not a calendar year, or (2) the plan year is less than 12 months (a short plan year).

Second Line—Check the box if the plan year has been changed since the last return/report was filed.

Fourth Line—Check box (i) if this is the initial filing for this plan. Do not check this box if you have ever filed for this plan even if it was on a different form (Form 5500 vs. Form 5500-C or Form 5500-R).

Check box (ii) if you have already filed for the 1988 plan year and are now submitting an amended return/report to reflect errors and/or omissions on the previously filed return/report.

Check box (iii) if the plan no longer exists to provide benefits. See Section 3 for instructions concerning the requirement to file a final return/report.

The numbers of the following instructions are the same as the item numbers on the return/report.

1a. If you did not receive a preaddressed mailing label, enter the name and address of the plan sponsor. If the plan covers only the employees of one employer, enter the employer's name.

If you received a Form 5500-C with a preaddressed mailing label, please attach it in the name and address area of the form you file. If the name or address on the label is wrong, draw a line through the incorrect part and correct it.

The term "plan sponsor" means—

(i) the employer, for an employee benefit plan that a single employer established or maintains;

(ii) the employee organization in the case of a plan of an employee organization; or

(iii) the association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan, if the plan is established or maintained jointly by one or more employers and one or more employee organizations, or by two or more employers.

Include enough information in 1(a) to describe the sponsor adequately, for example, "Joint Board of Trustees of Local 187 Machinists" rather than just "Joint Board of Trustees."

1b. Enter the 9-digit employer identification number (EIN) assigned to the plan sponsor/employer, i.e., 00-1234567.

Employers and plan administrators who do not have an EIN should apply for one on Form SS-4, available from most IRS or Social Security Administration offices. Send Form SS-4 to the same Internal Revenue Service Center to which this form will be sent.

Plan sponsors are reminded that they should use the trust EIN when opening a bank account or conducting other transactions for a plan that requires an employer identification number. The trust may apply for an EIN as explained in the preceding paragraph.

A plan of a controlled group of corporations whose sponsor is more than one of the members of the controlled group should insert only the EIN of one of the sponsoring members. This EIN must be used in all subsequent filings of the annual returns/reports for the controlled group unless there is a change in the sponsor.

If the plan administrator is a group of individuals, get a single EIN for the group. When you apply for a number, enter on line 1 of Form SS-4 the name of the group, such as "Joint Board of Trustees of the Local 187 Machinists' Retirement Plan."

Note: *Although Employer Identification Numbers (EINs) for funds (trusts or custodial accounts) associated with plans are not required to be furnished on the Form 5500 series returns/reports, the IRS will issue EINs for such funds for other reporting purposes. EINs may be obtained by filing Form SS-4 as explained above.*

1d. From the list of business codes on pages 13 and 14, enter the one that best describes the nature of the employer's business. If more than one employer is involved, enter the business code for the main business activity.

1e. Plans checking item 4a or 4b must enter the first six digits of the CUSIP (Committee on Uniform Securities Identification Procedures) number, "issuer number," if one has been assigned to the plan sponsor for purposes of issuing corporate securities. CUSIP issuer numbers are assigned to corporations and other entities which issue public securities listed on stock exchanges or traded over the counter. The CUSIP issuer number is the first six digits of the number assigned to the

individual securities which are traded. If the plan sponsor has no CUSIP issuer number, enter "N/A."

2a. If the document constituting the plan appoints or designates a plan administrator other than the sponsor, enter the administrator's name and address. If the plan administrator is also the sponsor, enter "Same." If 2a is the "Same," then items 2b and 2c should be left blank.

The term "administrator" means—

(i) the person or group of persons specified as the administrator by the instrument under which the plan is operated;

(ii) the plan sponsor/employer if an administrator is not so designated; or

(iii) any other person prescribed by regulations of the Secretary of Labor if an administrator is not designated and a plan sponsor cannot be identified.

2b. A plan administrator must have an EIN for reporting purposes. Enter the plan administrator's 9-digit EIN here. If the plan administrator has no EIN, apply for one as explained in 1b above.

Employees of an employer are not plan administrators unless so designated in the plan document, even though they engage in administrative functions of the plan. If an employee of the employer is designated as the plan administrator, that employee must get an EIN.

3. If you answer "No," enter the name, address, and EIN of the plan sponsor and/or the plan administrator shown on the prior return/report.

3c. Indicate if the change in 3a is only a change in sponsorship. "Change in sponsorship" means the plan's sponsor has been changed but no assets or liabilities have been transferred to another plan(s), the plan has not terminated or merged with any other plan, and so forth.

4a. Check for a single-employer plan. See "Kinds of Filers" for what is considered a single-employer plan.

4b. Check for a plan in which more than one employer participates, and some of the employers are members of a controlled group of corporations (Code section 414(b)) or a member of a group of employers under common control (Code section 414(c)).

4c. Check for a multiemployer plan as defined in Code section 414(f) and ERISA sections 3(37) and 4001(a)(3).

4d. Check for a multiple-employer-collectively-bargained plan as described under "Kinds of Filers."

4e. Check for a multiple-employer plan (other) if the plan administrator is filing for the plan as a whole.

4f. Exceptions to **b** and **e.** Each participating employer in a multiple-employer plan (other) pension benefit plan and nonmember employers participating in a plan of a controlled group of corporations or businesses need to file either the Form 5500-C or Form 5500-R, regardless of the number of participants. Complete items 1, 2, 3, 4f, 5, 6, 9, and 22 on the Form 5500-C, and items 1, 2, 3, 4f, 5, 6, 7, 8a, and 8b on the Form 5500-R.

5a. Enter the formal name of the plan or enough information to identify the plan.

5b. Enter the date the plan first became effective.

5c. Enter the 3-digit number the employer or plan administrator assigned to the plan. All welfare plan numbers and Code section 6039D plan numbers start at 501. All other plans start at 001.

Once you use a plan number, continue to use it for that plan on all future filings with IRS, DOL and PBGC reports. Do not use it for any other plan even if you terminated the first plan.

6a. Check every box that describes the welfare benefit plan for which this return/report is being filed. Example: If your plan provides health insurance, dental insurance, eye examinations, and life insurance, four boxes should be checked: 6a(i)(A), 6a(i)(B), 6a(i)(D), and 6a(i)(E).

If you checked box (M), (N), or (O), you must check one box in 6a(ii). Check "unfunded" if the plan is (1) unfunded, (2) fully insured, or (3) a combination of unfunded/insured as defined on page 2, Section 2B(a).

6b(i). For a defined benefit plan, check the box.

6b(ii). Check (C) for a money purchase plan if the contribution is determined by a target benefit calculation. Check (D) for all money purchase plans that do not have a target benefit calculation.

6c(ii). Check for an ESOP which acquires employer securities with borrowed money or other debt-financed techniques.

6c(iii). Check if the plan is a pension plan that provides for individual accounts and permits a participant or beneficiary to exercise independent control over the assets in his or her account (see ERISA section 404(c)).

6c(iv). Check this box for pension benefit plans maintained outside the United States primarily for nonresident aliens. See "Kinds of Filers" for more information.

6c(v). In the space provided following 6c(viii), enter name of the trust and bank or financial institution. Also enter city and state where the trust is maintained. (See page 3 for master trust instructions.)

6c(vi). In the space provided following 6c(viii), enter name and address of the 103-12 IE. (See page 5.)

6d. For single-employer plans enter the date the employer's tax year ends. For example, if the tax year is a calendar year, enter 12-31-88. For all plans with more than one employer, enter "N/A."

6e. Definition of Affiliated Service Group.—In general, Code section 414(m)(2) defines an affiliated service group as a first service organization (FSO) that has:

(1) a service organization (A-ORG) that is a shareholder or partner in the FSO and that regularly performs services for the FSO, or is regularly associated with the FSO in performing services for third persons, and/or

(2) any other organization (B-ORG) if:

(a) a significant portion of the business of that organization consists of performing services for the FSO or A-ORG of a type historically performed by employees in the service field of the FSO or A-ORG, and

(b) 10% or more of the interest of the B-ORG is held by persons who are highly compensated employees of the FSO or A-ORG.

An affiliated service group also includes a group consisting of an organization whose principal business is performing management functions for another organization (or one organization and other related organizations) on a regular and

Summary of Filing Requirements for Employers and Plan Administrators (File forms ONLY with IRS)

Type of plan	What to file	When to file
Most pension plans with only one participant or one participant and that participant's spouse	Form 5500EZ	File all required forms and schedules for each plan by the last day of the 7th month after the plan year ends.
Pension plan with fewer than 100 participants	Form 5500-C or 5500-R	
Pension plan with 100 or more participants	Form 5500	
Annuity under Code section 403(b)(1) or trust under Code section 408(c)	Form 5500, 5500-C, or 5500-R	
Custodial account under Code section 403(b)(7)	Form 5500, 5500-C, or 5500-R	
Welfare benefit plan with 100 or more participants*	Form 5500	
Welfare benefit plan with fewer than 100 participants (see exception on page 1 of these instructions)*	Form 5500-C or 5500-R	
Pension or welfare plan with 100 or more participants (see Form 5500 instructions)	Financial statements, schedules, and accountant's opinion	
Pension or welfare plan with benefits provided by an insurance company	Schedule A (Form 5500)	
Pension plan that requires actuarial information	Schedule B (Form 5500)	
Plan with 100 or more participants	Schedule C (Form 5500)	
Pension plan filing a registration statement identifying separated participants with deferred vested benefits from a pension plan	Schedule SSA (Form 5500)	

*This includes Code section 6039D filers.

continuing basis, and the organization for which such functions are so performed by the organization. For a plan maintained by more than one employer, check "Yes" if any such employer is a member of an affiliated service group.

6f. A cash or deferred arrangement described under Code section 401(k) is a part of a qualified defined contribution plan which provides for an election by employees to defer part of their compensation or receive these amounts in cash.

7. The description of "participant" in the instructions below is only for purposes of item 7 of this form.

For welfare plans, dependents are considered to be neither participants nor beneficiaries. For pension benefit plans, "alternate payees" entitled to benefits under a qualified domestic relations order are not to be counted as participants for this item.

"Participant" means any individual who is included in one of the categories below.

Active participants include any individuals who are currently in employment covered by a plan and who are earning or retaining credited service under a plan. This category includes any individuals who are: (i) currently below the integration level in a plan that is integrated with social security, and/or (ii) eligible to elect to have the employer make payments to a code section 401(k) qualified cash or deferred arrangement. Active participants also include any nonvested individuals who are earning or retaining credited service under a plan. This category **does not** include nonvested former employees who have incurred the greater of 5 consecutive one year breaks in service or the break in service period specified in the plan.

For determining if active participants are fully vested, partially vested, or nonvested, consider vesting in employer contributions only.

For purposes of Code section 6039D, "participant" means any individual who, for a plan year, has had at least one dollar excluded from income by reason of Code section 120, 125, or 127. If you are filing Form 5500-C for a welfare plan that is required to file under Title I of ERISA and under Code section 6039D, the preceding sentence does not apply.

Inactive participants receiving benefits are any individuals who are retired or separated from employment covered by the plan and who are receiving benefits under the plan. This includes former employees who are receiving group health continuation coverage benefits pursuant to Part 6 of ERISA and who are covered by the employee welfare benefit plan. This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.

Inactive participants entitled to future benefits are individuals who are retired or separated from employment covered by the plan and who are entitled to begin receiving benefits under the plan in the future. This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.

Deceased participants are any deceased individuals who have one or more beneficiaries who are receiving or are entitled to receive benefits under the plan. This category does not include an individual if an insurance company has made an irrevocable commitment to pay all the benefits to which the beneficiaries of that individual are entitled under the plan.

7b(i). If "Yes," file Schedule SSA (Form 5500) as an attachment to the Form 5500-C. **Plan administrators**: Code section 6057(e) provides that the plan administrator must give each participant a statement showing the same information for that participant as is reported on Schedule SSA.

8a. Check "Yes" if an amendment to the plan was adopted in this plan year, regardless of the effective date of the amendment.

8b. Check "Yes" only if the accrued benefits were retroactively reduced. For example, a plan provides a benefit of 2% for each year of service, but the plan is amended to change the benefit to 1½% a year for all years of service under the plan.

8c. Enter the date the most recent amendment was adopted regardless of the date of the amendent or the effective date of the amendment.

8d. Check "Yes" only if an amendment changed the information previously provided to participants by the summary plan description or summary description of modifications.

8e. A revised summary plan description or summary description of modifications must be filed with DOL and distributed to all participants and pension plan beneficiaries no later than 210 days after the close of the plan year, in which the amendment(s) was adopted. If the material was distributed and filed since the amendments were adopted (even if after the end of the plan year), check "Yes" to item 8e.

9a. Check "Yes" if the plan was terminated or if the plan was merged or consolidated into another plan. Enter year of termination if applicable. If you checked 6a(i)(M), (N), or (O) and indicated that this is an unfunded plan and you also answered 9a "Yes," you must also check 9b "Yes."

9b. If the plan was terminated and all plan assets were not distributed, file a return/report for each year the plan has assets. In that case, the return/report must be filed by the plan administrator, if designated, or by the person or persons who actually control the plan's property.

If all assets were used to buy individual annuity contracts and the contracts were distributed to the participants, check "Yes."

If all the trust assets were transferred to another plan, check "Yes."

Do not check "Yes" for a welfare plan which is still liable to pay benefits for claims which were incurred prior to the termination date but not yet paid. See 29 CFR 2520.104b-2(g)(2)(ii).

9h. The Code provides for a nondeductible excise tax on a reversion of assets from a qualified plan.

9i. The employer must report the reversion by filing Form 5330 and pay any applicable tax. The tax will not be imposed upon employers who are tax-exempt entities under Code section 501(a). See instructions for Form 5330.

10a. If this plan was merged or consolidated into another plan(s), or plan assets or liabilities were transferred to another plan(s), indicate which other plan or plans were involved.

10c. Enter the EIN of the sponsor (employer, if for a single-employer plan) of the other plan.

10e. Pension benefit plans must file Form 5310 at least 30 days before any plan merger or consolidation or any transfer of plan assets or liabilities to another plan.

Caution: *There is a penalty for not filing Form 5310 on time.*

11. Enter the code for the **funding arrangement** used by the plan from the list below.

The "funding arrangement" is the method used for the receipt, holding, investment, and transmittal of plan assets prior to the time the plan actually provides the benefits promised under the plan. For purposes of items 11 and 12, the term "trust" includes any fund or account which receives, holds, transmits, or invests plan assets other than an account or policy of an insurance company.

	Funding Arrangement Codes
Trust	1
Trust and insurance	2
Insurance	3
Exclusively from general assets of sponsor (unfunded)	4
Partially insured and partially from general assets of sponsor	5
Other	6

12. Enter the code for the **benefit arrangement** used by the plan from the list below.

The "benefit arrangement" is the method by which benefits are actually provided to participants by the plan. For example, when a participant retires, the plan might purchase an annuity from an insurance company for that individual to provide the actual benefits promised by the plan. In this example, the annuity would be the benefit arrangement.

Using the chart below, the plan in the above example would enter a "3" to indicate the benefit arrangement.

	Benefit Arrangement Codes
Trust	1
Trust and insurance	2
Insurance	3
Exclusively from general assets of sponsor (unfunded)	4
Partially insured and partially from general assets of sponsor	5
Other	6

13. Check "Yes" if either the contributions to the plan or the benefits paid by the plan are subject to the collective bargaining process, even if the plan is not established and administered by a joint board of trustees. Check "Yes" even if only some of those covered by the plan are members of a collective bargaining unit which negotiates benefit levels on its own behalf. The benefit schedules need not be identical for all employees under the plan.

14. If either the funding arrangement code (item 11) and/or the benefit arrangement code (item 12) is 2, 3, or 5, at least one Schedule A (Form 5500) must be attached to the Form 5500-C filed for pension and welfare plans. The insurance company (or similar organization) which provides benefits is required to provide the plan administrator with the information needed to complete the return/report, pursuant to ERISA section 103 (a)(2). If you do not receive this information in a timely manner, contact the insurance company (or similar organization). If information is missing on Schedule A (Form 5500) due to a refusal to provide this information, note this on the Schedule A. If there are no Schedule(s) A attached, enter "0."

15b. If a waived funding deficiency is being amortized in the current plan year, do not complete (i), (ii), and (iii), but complete 1, 2, 3, 7, and 9 of Schedule B (Form 5500). An enrolled actuary need not sign Schedule B under these circumstances.

15b(iii). File Form 5330 with IRS to pay the excise tax on the funding deficiency. **Caution:** *There is a penalty for not filing Form 5330 on time.*

16. A "top-heavy plan" is a plan which during any plan year is:

(1) any defined benefit plan if, as of the determination date, the present value of the cumulative accrued benefits under the plan for key employees exceeds 60% of the present value of the cumulative accrued benefits under the plan for all employees; and

(2) any defined contribution plan if, as of the determination date, the aggregate of the accounts of key employees under the plan exceeds 60% of the aggregate of the accounts of all employees under the plan.

Each plan of an employer included in a required aggregation group is to be treated as a top-heavy plan if such group is a top-heavy group. See definitions of required aggregation and top-heavy groups below.

Key Employee —A key employee is any participant in an employer plan who at any time during the plan year, or any of the 2 preceding years, is:

(1) an officer of the employer having an annual compensation greater than 50% of the amount in effect under Code section 415(c)(1)(A) for any such plan year,

(2) one of the 10 employees having annual compensation from the employer of more than the limitation in effect under Code section 415(c)(1)(A) and owning (or considered as owning within the meaning of Code section 318) both more than ½% interest and the largest interests in the employer,

(3) a 5% owner of the employer, or

(4) a 1% owner of the employer having an annual compensation from the employer of more than $150,000.

In determining whether an individual is an officer of the employer, no more than 50 employees, or, if less, the greater of 3 employees or 10% of the employees, are to be treated as officers. See Code section 416(i) and T-12 of Regulations section 1.416. A key employee will not include any officer or employee of a governmental plan under Code section 414(d).

Required Aggregation Group—A required aggregation group consists of:

(1) each plan of the employer in which a key employee is or was a participant, and

(2) each other plan of the employer which enables a plan to meet the requirements for nondiscrimination in contributions or benefits under Code section 401(a)(4), or the participation requirements under Code section 410.

Top-Heavy Group—A top-heavy group is an aggregation group if, as of the determination date, the sum of the present value of the cumulative accrued benefits for key employees under all defined benefit plans included in such group and the aggregate of the accounts of key employees under all defined contribution plans in such group exceeds 60% of a similar sum determined for all employees. To determine if a plan is top-heavy, include distributions made in the 5-year period ending on the determination date. However, do not take into account accrued benefits for an individual who hasn't performed services for the employer during the 5-year period ending on the determination date.

18a. If the plan distributes an annuity contract, whether or not deferred and whether or not upon termination, that contract must provide that all distributions from it will meet the participant and spousal consent requirements of Code section 417. Consent is not needed for the distribution of the contract itself. Check "No" if the plan did not distribute any annuity contracts.

18b. In general, distributions must be made in the form of a qualified joint and survivor annuity for life or a qualified preretirement survivor annuity. An annuity distribution to a single individual is a qualified joint and survivor annuity. Check "Yes" if distributions in other forms were made, even if such distributions were permissible, e.g., because consent was obtained or was not needed.

18c. Generally, within the 90 days prior to the date of any benefit payment or the making of a loan to a participant, you must get the spouse's consent to the payment of the benefit or the use of the accrued benefit for the making of the loan. However, there are some circumstances where obtaining this spousal consent is not required. The following is a partial listing of circumstances where spousal consent is not required:

(1) The participant is not married and no spouse is required to be treated as a current spouse under a qualified domestic relations order issued by a court.

(2) The participant's accrued benefit in the plan never had a present value of more than $3,500.

(3) The benefit is paid in the form of a qualified joint and survivor annuity, i.e., an annuity for the life of the participant with a survivor annuity for the life of the spouse which is not less than 50% of (and is not greater than 100% of) the amount of the annuity which is payable during the joint lives of the participant and the spouse. See Code section 417(b).

(4) The payout is from a profit-sharing or stock bonus plan that pays the spouse the participant's full account balance upon the participant's death, an annuity payment is not elected by the participant, and the profit-sharing or stock bonus plan is not a transferee plan with respect to the participant (i.e., had not received a transfer from a plan that was subject to the consent requirements with respect to the participant).

(5) The participant had no service under the plan after August 22, 1984.

18d. A plan may not eliminate a subsidized benefit or a retirement option by plan amendment or plan termination.

19. For purposes of determining the present value of a participant's accrued benefits and the amount of any distribution, a qualified plan must use a rate no higher than "the applicable interest rate." The "applicable interest rate" means the interest rate which would be used (as of the date of distributions) by the PBGC for determining the present value of a lump sum distribution on termination of the plan.

a. If the present value of the vested accrued benefit is no more than $25,000, the amount to be distributed is calculated using the PBGC rate.

b. If the present value of the vested accrued benefit exceeds $25,000 (using the PBGC rate), the total amount to be distributed is determined using an interest rate no greater than 120% of the applicable interest rate that would be used by the PBGC upon the plan's termination. In such a case the value will be no less than $25,000.

20. The Tax Reform Act of 1986 amended Code section 415 to provide that the maximum annual benefit that may be provided under a defined benefit plan may not exceed the lesser of $90,000 or 100% of compensation. However, if benefits begin before the social security retirement age, the $90,000 limit must be reduced as described in Notice 87-21, 1987-1 C.B. 458.

In addition, the dollar limitations will be reduced for participants with fewer than 10 years of participation in a defined benefit plan, i.e., a 10% reduction for each year under 10 years of participation.

For defined contribution plans, Code section 415 now provides that the dollar limit on annual additions to a qualified plan may not exceed the greater of $30,000 or 25% of the defined benefit dollar limit for such limitation year. The defined contribution dollar limit will not be increased until the defined benefit dollar limit, as increased by cost of living adjustments, equals or exceeds $120,000. (For years beginning after December 31, 1987, the $90,000 defined benefit limit will be adjusted to reflect post-1986 cost of living increases.) The defined contribution dollar limit will then be increased to an amount equal to 25% of the defined benefit limit.

Annual additions to a defined contribution plan will, for years beginning after December 31, 1986, include 100% of all after-tax employee contributions. For participants in plans of tax-exempt organizations, the pre-Tax Reform Act limits remain in effect.

The Tax Reform Act of 1986 also provides that a participant's previously accrued benefit won't be reduced merely because of the reduction in dollar limits or increases in required periods of participation. The transitional rule applies to an individual who was a participant prior to January 1, 1987, in a plan in existence

on May 5, 1986. If this participant's current accrued benefit exceeds the dollar limit under the Tax Reform Act of 1986, but complies with prior law, then the applicable dollar limit for the participant is equal to the current accrued benefit. The term "current accrued benefit" is defined as the participant's accrued benefit as of the close of the last limitation year beginning before January 1, 1987, and expressed as an annual benefit. To compute the defined benefit fraction, the current accrued benefit would replace the dollar limit otherwise used in the denominator of the fraction. The current accrued benefit is also reflected in the numerator of the defined benefit fraction.

21. In the calendar year in which the employee attains age 70 ½, the employee must begin to receive minimum distributions pursuant to Code section 401(a)(9) by April 1 of the following calendar year. Once begun, minimal distributions must continue each calendar year.

22. For purposes of filing required only because of Code section 6039D, complete only items 22c, 22g, and 22i.

22a. If you do not claim to meet the percentage tests of Code section 410(b)(1)(A), attach an explanation indicating how your plan meets the coverage requirements of Code section 410(b)(1)(B).

22b. Provide information for all employers of a controlled group, a group under common control, or an affiliated service group even if they do not participate in the plan. Also, leased employees (described in Code section 414(n)(2)) of any such employer(s) are to be included as employees unless the leasing organization maintains a "safe harbor" plan described in Code section 414(n)(5) for the leased employees. See below for more information regarding a "safe harbor" plan.

Generally, leased employees are individuals who are employees of a leasing organization, but who during the course of their employment perform services for a trade or business other than the leasing organization on a substantially full-time basis for a period of at least one year.

Service is to include any period during which the employee would have been a leased employee, but for the requirement that substantially full-time service be performed for at least one year. Such leased employees are to be considered employees of their recipient organization at certain times and for certain qualification requirements unless the leasing organization adopts and maintains the type of qualified plan specified in Code section 414(n)(5).

A *safe harbor* plan is a money purchase pension plan maintained by the leasing organization which provides with respect to a leased employee:

(A) a nonintegrated employer contribution rate of at least 10%, and

(B) immediate participation and full and immediate vesting.

The plan must cover all employees of the leasing organization other than those who are not "leased out" and cover those whose compensation from the leasing organization is less than $1,000 per year during a plan year and each of the prior 3 plan years. The safe harbor plan must provide the 10% of compensation allocation regardless of the number of hours of service during the year, age, or whether the employee is employed on a specific date.

In general, if leased employees make up more than 20% of the nonhighly compensated work force of the recipient, such employees must be covered by the recipient's pension plan regardless of the safe harbor plan. Recipient includes employers aggregated under Code section 414(b), (c), or (m). Under the 20% rule, "leased employees" include all persons who performed services as a "nonemployee."

Therefore, the total number of employees entered in 22c, the breakdown of excluded employees shown in 22d, and the ineligible employees shown in 22f should also include the employees of the controlled group, employees of employers under common control, or other employees in the affiliated service group or leased employees as described above.

Do not complete 22 for multiemployer plans described in Code section 414(f) or for multiple-employer-collectively-bargained plans.

24b. An independent appraiser must be used to ascertain the value of securities acquired by a plan after December 31, 1986, if the securities aren't readily tradable on an established securities market.

28a. If you are uncertain as to whether the plan is covered under the PBGC termination insurance program, check the box "Not determined" and contact the PBGC and request a coverage determination.

29. Check "Yes" or "No" and enter the total amount (except 29i) for all "Yes" responses. Round off all amounts to the nearest dollar.

29a. Check "Yes" and indicate the aggregate amount of coverage available for all claims if every plan official who handles plan funds is covered by a bond. Otherwise, check "No." Generally, every plan official of an employee benefit plan who "handles" funds or other property of such plan must be bonded. A plan administrator, officer, or employee shall be deemed to be "handling" funds or other property of a plan, so as to require bonding, whenever his or her duties or activities with respect to given funds are such that there is a risk that such funds could be lost in the event of fraud or dishonesty on the part of such person, acting either alone or in collusion with others. Section 412 of ERISA and the regulations found at 29 CFR 2580 provide the bonding requirements including the definition of "handling" (29 CFR 2580.412-6), the permissible forms of bonds (29 CFR 2580.412-10), and certain exemptions such as the exemption for unfunded plans, banks and insurance companies (ERISA section 412) and the exemption allowing plan officials to purchase bonds from surety companies authorized by the Secretary of the Treasury as acceptable reinsurers on Federal bonds (29 CFR 2580.412-23).

Check "Yes" only if the plan itself (as opposed to the plan sponsor) is a named insured under a fidelity bond covering plan officials.

Plans are permitted under certain conditions to purchase fiduciary liability insurance. These policies do not protect the plan from dishonest acts and are not bonds which should be reported in item 29.

29b. If item 29a is answered "Yes," this must be answered. Check "Yes" to item 29b if the plan has suffered or discovered any loss as the result of a dishonest or fraudulent act(s). If "Yes," enter the full amount of the loss. If the full amount of the loss has not yet been determined, provide and disclose that the figure is an estimate, such as "approximately $1,000."
Note: *Wilful failure to report is a criminal offense. See ERISA section 501.*

29c. For purposes of item 29, the term "employer" includes affiliates of the employer. In determining the five most highly paid employees, use all compensation paid including cash, bonuses, and noncash payments (e.g., the use of a car). A fiduciary is a person with respect to a plan to the extent: (1) he or she exercises any discretionary authority or discretionary control with respect to the management of such plan or exercises any authority or control with respect to the management or disposition of its assets, (2) he or she renders investment advice for a fee or other compensation, direct or indirect, with respect to any moneys or other property of such plan, or has any authority or responsibility to do so, or (3) he or she has any discretionary authority or discretionary responsibility in the administration of such plan.

29d. Relatives include spouses, siblings, ancestors, lineal descendents (e.g., children, grandchildren, etc.) and spouses of lineal descendents. If 29c is answered "Yes," enter the total amount of these transactions.

29e. An "employer security" is a security issued by an employer (including affiliates of employees) covered by the plan. These may include common stocks, preferred stocks, bonds, zero coupon bonds, debentures, convertible debentures, notes, and commercial paper.

Employer real property is any real property (and related personal property) owned by the plan and leased to the employer of employees covered by the plan. This may include land, warehouses, office buildings, etc. If item 29e is "Yes," enter the total amount of employer securities and/or employer real property held or acquired.

29f. Generally, a loan requires that both the principal and interest be paid according to a pre-established repayment schedule. If the principal and/or interest has not been paid in accordance with the original repayment schedule and the period for repayment of the principal and/or interest has been extended, or the loan has been renegotiated after it has not met the original repayment schedule, a "Yes" must be checked and the total amount of the delinquent loan must be entered. Otherwise check "No."

29h. Check "Yes," for obligations where the required payments have not been made by the due date. With respect to notes and loans, the due date, payment amount and conditions for default are usually contained in the note or loan document. Defaults can

occur at any time for those obligations that require periodic repayment. Generally, loans and fixed income obligations are considered uncollectible when payment has not been made and there is little probability that payment will be made. A loan by the plan is in default when the borrower is unable to pay the obligation upon maturity. A fixed income obligation has a fixed maturity date at a specified interest rate. If item 29h is "Yes," enter the total amount of loans by the plan or fixed income obligations that are uncollectible or in default as of the plan year end.

29i. Consider all fiduciaries and parties providing services to the plan, including: (1) persons who are fiduciaries by reason of their relationship to a master trust investment account or 103-12 IE in which the plan has an interest or the assets in such an investment account or 103-12 IE; and (2) parties providing services rendered with respect to assets held in master trusts and 103-12 IEs.

See item 29c above for the definition of fiduciary.

29j. Include as a single security all securities of the same issue. For the purposes of item 29j, do not check "Yes" for securities issued by the U.S. Government or its agencies. If item 29j is "Yes," enter the total.

29k. In determining the 20% figure, subtract the current value of plan assets held in any master trust or 103-12 IE from the current value of the plan's total assets at the beginning of the plan year. Check "Yes" if the plan had:

1. A single transaction within the plan year in excess of 20% of the current value of the plan assets;
2. Any series of transactions with, or in conjunction with, the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 20% of the current value of plan assets;
3. Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 20% of the current value of the plan assets; or
4. Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 20% of the current value of plan assets. The 20% figure is determined by comparing the current value of the transaction at the transaction date with the current value of the plan assets at the beginning of the plan year.

If the assets of two or more plans are maintained in one trust, the plan's allocable portion of the transactions of the trust shall be combined with the other transactions of the plan, if any, to determine which transactions (or series of transactions) are reportable (20%) transactions.

Exception: For investments in common/collective trusts, pooled separate accounts, 103-12 IEs, and registered investment companies, determine the 20% figure by comparing the transaction date value of the acquisition and/or disposition of units of participation or shares in the entity with the current value of the plan assets at the beginning of the plan year. Check "No" if all plan funds are held in a master trust. Do not include individual transactions of common/collective trusts, pooled separate accounts, 103-12 IEs and registered investment companies.

If item 29k is answered "Yes," enter the amount.

29l. Check "No" if the plan received all of its contributions in cash. Generally, as it relates to this question, an appraisal by an unrelated third party is an evaluation of the value of the asset contributed prepared by an individual or firm who knows how to judge the value of the asset and does not have an ongoing relationship with the plan or plan fiduciaries except for preparing the appraisal. If item 29l is checked "Yes," enter the value of the asset as established by the plan.

29m. Nonpublicly traded securities are generally held by few people and not traded on a stock exchange. Generally, as it relates to this question, an appraisal by an unrelated third party is an evaluation of the value of the security prepared by an individual or firm who knows how to judge the value of the security and does not have an ongoing relationship with the plan or plan fiduciaries except for preparing the appraisal. If item 29m is answered "Yes," enter the value of the security as established by the plan.

30 and 31. You can use either the cash, modified accrual, or accrual basis for recognition of transactions in items 30 and 31, as long as you use one method consistently.

"Current value" means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at the time of the determination.

If the assets of two or more plans are maintained in one trust, such as when an employer has two plans which are funded through a single trust (except investment arrangements filing with DOL as specified below), complete items 30 and 31 by entering the plan's allocable part of each line item.

If assets of one plan are maintained in two or more trust funds, report the combined financial information in 30 and 31.

A fully insured pension plan meeting the conditions of 29 CFR 2520.104-44 need not complete items 30 and 31. For more details, see page 4 of the instructions under "Items To Be Completed on Form 5500-C."

Plan assets may include, among other things:

(1) Cash both interest and noninterest bearing. This includes all cash on hand or in a financial institution including money market funds.

(2) All contributions due to the plan from the employer and participants, income earned, but not yet received by the plan and receivables from any other source.

(3) Investments securities (stocks, bonds, U. S. Government obligations, municipal obligations, etc.); real property (land, buildings, gold, furniture, equipment, etc.); loans (mortgages, promissory notes, etc.) and all other investments (certificates of deposit, repurchase agreements, land contracts, units of participation in common/collective trusts and pooled separate accounts, shares of registered investment companies (mutual funds), interests in master trusts and 103-12 IE's, etc.).

Plans holding units of participation in common/collective trusts and/or pooled separate accounts must attach to the return/report either the statement of assets and liabilities of the common/collective trust and/or pooled separate account or the certification discussed on page 3 of these instructions. For details, see 29 CFR sections 2520.103-3, 2520.103-4, 2520.103-5, and 2520.103-9.

Plans in a master trust must include the value of the plan's interest in the master trust which is the sum of the net values of the plan's interest in all of the master trust investment accounts (see page 3 for the definition of master trust investment account). The net values of such interests are obtained by multiplying the plan's percentage interest in each master trust investment account by the net assets of the investment account (total assets minus total liabilities) at the beginning and end of the plan year.

30c. Investments in securities of the U.S. Government should be included in c(i).

You can use the same method for determining the value of the insurance contracts reported in 30 that you used for line 6e of the Schedule A (Form 5500) as long as the contract values are stated as of the beginning and end of the plan year.

Form **5500-C**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Return/Report of Employee Benefit Plan

(With fewer than 100 participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

OMB No. 1210-0016

1988

This Form Is Open to Public Inspection.

For the calendar plan year 1988 or fiscal plan year beginning , 1988, and ending , 19

If your plan year changed since the last return/report filed, check this box ▶ ☐

Type or print in ink all entries on the form, schedules, and attachments. If an item does not apply, enter "N/A." File the originals.

If *(i)* through *(iii)* do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

(i) ☐ the first return/report filed for the plan; *(ii)* ☐ an amended return/report; or *(iii)* ☐ the final return/report filed for the plan.

▶ Welfare benefit plans and fringe benefit plans need only complete certain items or may not be required to file—see instructions "What to File."

▶ One-participant plans file Form 5500EZ for 1988.

▶ If you have been granted an extension of time to file this form, you must attach a copy of the approved extension to this form.

Use IRS label. Otherwise, please print or type.

1a Name of plan sponsor (employer, if for a single-employer plan)

1b Employer identification number

Address (number and street)

1c Telephone number of sponsor ( )

City or town, state, and ZIP code

1d Business code number

2a Name of plan administrator (if same as plan sponsor, enter "Same")

1e CUSIP issuer number

Address (number and street)

2b Administrator's employer identification no.

City or town, state, and ZIP code

2c Telephone number of administrator ( )

3 Are the name, address, and employer identification number (EIN) of the plan sponsor and/or plan administrator the same as they appeared on the last return/report filed for this plan? ☐ Yes ☐ No If "No," enter the information from the last return/report in a and/or b, and complete c.

a Sponsor ▶ EIN Plan number

b Administrator ▶ EIN

c If a indicates a change in the sponsor's name and EIN, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) ☐ Yes ☐ No

4 Check box to indicate the type of plan entity (check only one box):

a ☐ Single-employer plan
b ☐ Plan of controlled group of corporations or common control employers
c ☐ Multiemployer plan
d ☐ Multiple-employer collectively-bargained plan
e ☐ Multiple-employer plan (other)
f ☐ Exceptions to (b) and (e). (See instructions for line 4f.)

5a *(i)* Name of plan ▶

5b Effective date of plan

(ii) ☐ Check if name of plan changed since the last return/report

(iii) ☐ Check this box if this plan covers self-employed participants

5c Enter three-digit plan number ▶

6a ☐ Welfare benefit plan (plan numbers 501 through 999) must check applicable items A through P and 6c.

(i) ☐ Type

A ☐ Health (other than dental or vision)
B ☐ Life insurance
C ☐ Supplemental unemployment
D ☐ Dental
E ☐ Vision
F ☐ Temporary disability (accident and sickness)
G ☐ Prepaid legal
H ☐ Long-term disability
I ☐ Severance pay
J ☐ Apprenticeship and training
K ☐ Scholarship (funded)
L ☐ Death benefits other than life insurance
M ☐ Code section 120 (group legal services plan)
N ☐ Code section 125 (cafeteria plan)
O ☐ Code section 127 (educational assistance plan)
P ☐ Other (specify)

(ii) If you checked M, N, or O, check if plan is: ☐ funded or ☐ unfunded

6b ☐ Pension benefit plan (plan numbers 001 through 500) must check applicable items in (i) through (vii) and answer 6c through 6f.

(i) ☐ Defined benefit plan

(ii) ☐ Defined contribution plan—(indicate type of defined contribution): (A) ☐ Profit-sharing (B) ☐ Stock bonus (C) ☐ Target benefit (D) ☐ Other money purchase (E) ☐ Other (specify) ▶

(iii) ☐ Defined benefit plan with benefits based partly on balance of separate account of participant (Code section 414(k))

(iv) ☐ Annuity arrangement of certain exempt organizations (Code section 403(b)(1))

(v) ☐ Custodial account for regulated investment company stock (Code section 403(b)(7))

(vi) ☐ Pension plan utilizing individual retirement accounts or annuities (described in Code section 408) as the sole funding vehicle for providing benefits

(vii) ☐ Other (specify) ▶

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Date ▶ Signature of employer/plan sponsor ▶

Date ▶ Signature of plan administrator ▶

		Yes	No
6c	Other plan features: *(i)* ☐ ESOP *(ii)* ☐ Leveraged ESOP *(iii)* ☐ Participant-directed account plan *(iv)* ☐ Pension plan maintained outside the United States *(v)* ☐ Master trust (see instructions) *(vi)* ☐ 103-12 investment entity (see instructions) *(vii)* ☐ Common/Collective trust *(viii)* ☐ Pooled separate account		
d	Single-employer plans enter the tax year end of the employer in which this plan year ends ► Month _____ Day _____ Year _____		
e	Is the employer a member of an affiliated service group?		
f	Does this plan contain a cash or deferred arrangement described in Code section 401(k)?		
7a	Total participants: *(i)* Beginning of plan year _____ *(ii)* End of plan year _____		
b	*(i)* Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?		
	(ii) If "Yes," enter the number of separated participants required to be reported ►		
8a	Were any plan amendments adopted during the plan year?		
b	Did any amendment result in the retroactive reduction of accrued benefits for any participant?		
c	Enter the date the most recent amendment was adopted ► Month _____ Day _____ Year _____		
d	If a is "Yes," did any amendment change the information contained in the latest summary plan descriptions or summary description of modifications available at the time of the amendment?		
e	Has a summary plan description or summary description of modifications that reflects the plan amendments referred to in d been furnished to participants and filed with the Department of Labor?		
9a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter year ► _____		
b	Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?		
c	Was a resolution to terminate this plan adopted during this plan year or any prior plan year?		
d	If a or c is "Yes," have you received a favorable determination letter from IRS for the termination?		
e	If d is "No," has a determination letter been requested from IRS?		
f	If a or c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?		
g	If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?		
h	During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due?		
i	If h is "Yes," enter the amount of tax paid with your Form 5330 ►		
10a	Was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s) since the end of the plan year covered by the last return/report Form 5500 or 5500-C which was filed for this plan (or during this plan year if this is the initial return/report)?		

If "Yes," identify the other plan(s):

b Name of plan(s) ►	**c** Employer identification number(s)	**d** Plan number(s)

e Has Form 5310 been filed? ☐ Yes ☐ No

		Yes	No
11	Enter the plan funding arrangement code (see instructions) ►		
12	Enter the plan benefit arrangement code (see instructions) ►		
13	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?		
14	If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. If none, enter "-0-" ►		

Welfare Plans Do Not Complete Items 15 Through 28. Skip to item 29.

				Yes	No
15a	If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year? If "Yes," attach Schedule B (Form 5500).				
b	If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to the minimum funding standards (if a waiver was granted, see instructions)?				
	If "Yes," complete *(i)*, *(ii)*, and *(iii)* below:				
	(i) Amount of employer contribution required for the plan year under Code section 412	(i)	$		
	(ii) Amount of contribution paid by the employer for the plan year	(ii)	$		
	Enter date of last payment by employer ► Month _____ Day _____ Year _____				
	(iii) If *(i)* is greater than *(ii)*, subtract *(ii)* from *(i)* and enter the funding deficiency here. Otherwise, enter zero. (If you have a funding deficiency, file Form 5330.)	(iii)	$		
16	Has the plan been top-heavy at any time beginning with the 1984 plan year?				
17	Has the plan accepted any transfers or rollovers with respect to a participant who has attained age 70½?				

Form **5500-C**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Return/Report of Employee Benefit Plan

(With fewer than 100 participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

OMB No. 1210-0016

1988

This Form Is Open to Public Inspection.

For the calendar plan year 1988 or fiscal plan year beginning , 1988, and ending , 19

If your plan year changed since the last return/report filed, check this box ▶ ☐

Type or print in ink all entries on the form, schedules, and attachments. If an item does not apply, enter "N/A." File the originals.

If *(i)* through *(iii)* do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

(i) ☐ the first return/report filed for the plan; *(ii)* ☐ an amended return/report; or *(iii)* ☐ the final return/report filed for the plan

▶ Welfare benefit plans and fringe benefit plans need only complete certain items or may not be required to file—see instructions "What to File."

▶ One-participant plans file Form 5500EZ for 1988.

▶ If you have been granted an extension of time to file this form, you must attach a copy of the approved extension to this form.

Use IRS label. Otherwise, please print or type.

1a Name of plan sponsor (employer, if for a single-employer plan)	**1b** Employer identification number
Address (number and street)	**1c** Telephone number of sponsor ( )
City or town, state, and ZIP code	**1d** Business code number

2a Name of plan administrator (if same as plan sponsor, enter "Same")	**1e** CUSIP issuer number
Address (number and street)	**2b** Administrator's employer identification no.
City or town, state, and ZIP code	**2c** Telephone number of administrator ( )

3 Are the name, address, and employer identification number (EIN) of the plan sponsor and/or plan administrator the same as they appeared on the last return/report filed for this plan? ☐ Yes ☐ No If "No," enter the information from the last return/report in a and/or b, and complete c.

a Sponsor ▶ EIN Plan number

b Administrator ▶ EIN

c If a indicates a change in the sponsor's name and EIN, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) ☐ Yes ☐ No

4 Check box to indicate the type of plan entity (check only one box).

a ☐ Single-employer plan
b ☐ Plan of controlled group of corporations or common control employers
c ☐ Multiemployer plan
d ☐ Multiple-employer-collectively-bargained plan
e ☐ Multiple-employer plan (other)
f ☐ Exceptions to (b) and (e). (See instructions for line 4f.)

5a *(i)* Name of plan ▶	**5b** Effective date of plan
(ii) ☐ Check if name of plan changed since the last return/report *(iii)* ☐ Check this box if this plan covers self-employed participants	**5c** Enter three-digit plan number ▶

6a ☐ Welfare benefit plan (plan numbers 501 through 999) must check applicable items A through P and 6c

(i) ☐ Type

- A ☐ Health (other than dental or vision)
- B ☐ Life insurance
- C ☐ Supplemental unemployment
- D ☐ Dental
- E ☐ Vision
- F ☐ Temporary disability (accident and sickness)
- G ☐ Prepaid legal
- H ☐ Long-term disability
- I ☐ Severance pay
- J ☐ Apprenticeship and training
- K ☐ Scholarship (funded)
- L ☐ Death benefits other than life insurance
- M ☐ Code section 120 (group legal services plan)
- N ☐ Code section 125 (cafeteria plan)
- O ☐ Code section 127 (educational assistance plan)
- P ☐ Other (specify)

(ii) If you checked M, N, or O, check if plan is: ☐ funded or ☐ unfunded

6b ☐ Pension benefit plan (plan numbers 001 through 500) must check applicable items in (i) through (vii) and answer 6c through 6f.

(i) ☐ Defined benefit plan

(ii) ☐ Defined contribution plan—(Indicate type of defined contribution): (A) ☐ Profit-sharing (B) ☐ Stock bonus (C) ☐ Target benefit (D) ☐ Other money purchase (E) ☐ Other (specify) ▶

(iii) ☐ Defined benefit plan with benefits based partly on balance of separate account of participant (Code section 414(k))

(iv) ☐ Annuity arrangement of certain exempt organizations (Code section 403(b)(1))

(v) ☐ Custodial account for regulated investment company stock (Code section 403(b)(7))

(vi) ☐ Pension plan utilizing individual retirement accounts or annuities (described in Code section 408) as the sole funding vehicle for providing benefits

(vii) ☐ Other (specify) ▶

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Date ▶ Signature of employer/plan sponsor ▶

Date ▶ Signature of plan administrator ▶

		Yes	No
6c	Other plan features: *(i)* ☐ ESOP *(ii)* ☐ Leveraged ESOP *(iii)* ☐ Participant-directed account plan *(iv)* ☐ Pension plan maintained outside the United States *(v)* ☐ Master trust (see instructions) *(vi)* ☐ 103-12 investment entity (see instructions) *(vii)* ☐ Common/Collective trust *(viii)* ☐ Pooled separate account		
d	Single-employer plans enter the tax year end of the employer in which this plan year ends ▶ Month ____ Day ____ Year ____		
e	Is the employer a member of an affiliated service group?		
f	Does this plan contain a cash or deferred arrangement described in Code section 401(k)?		
7a	Total participants: *(i)* Beginning of plan year ____ *(ii)* End of plan year ____		
b	*(i)* Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?		
	(ii) If "Yes," enter the number of separated participants required to be reported ▶		
8a	Were any plan amendments adopted during the plan year?		
b	Did any amendment result in the retroactive reduction of accrued benefits for any participant?		
c	Enter the date the most recent amendment was adopted ▶ Month ____ Day ____ Year ____		
d	If a is "Yes," did any amendment change the information contained in the latest summary plan descriptions or summary description of modifications available at the time of the amendment?		
e	Has a summary plan description or summary description of modifications that reflects the plan amendments referred to in d been furnished to participants and filed with the Department of Labor?		
9a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter year ▶ ____		
b	Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?		
c	Was a resolution to terminate this plan adopted during this plan year or any prior plan year?		
d	If a or c is "Yes," have you received a favorable determination letter from IRS for the termination?		
e	If d is "No," has a determination letter been requested from IRS?		
f	If a or c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?		
g	If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?		
h	During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due?		
i	If h is "Yes," enter the amount of tax paid with your Form 5330 ▶		
10a	Was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s) since the end of the plan year covered by the last return/report Form 5500 or 5500-C which was filed for this plan (or during this plan year if this is the initial return/report)?		

If "Yes," identify the other plan(s):

b Name of plan(s) ▶	**c** Employer identification number(s)	**d** Plan number(s)

e Has Form 5310 been filed? ☐ Yes ☐ No

11 Enter the plan funding arrangement code (see instructions) ▶	**12** Enter the plan benefit arrangement code (see instructions) ▶

		Yes	No
13	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?		
14	If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. If none, enter "-0-" ▶		

Welfare Plans Do Not Complete Items 15 Through 28. Skip to item 29.

				Yes	No
15a	If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year? If "Yes," attach Schedule B (Form 5500).				
b	If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to the minimum funding standards (if a waiver was granted, see instructions)?				
	If "Yes," complete *(i)*, *(ii)*, and *(iii)* below:				
	(i) Amount of employer contribution required for the plan year under Code section 412	(i)	$		
	(ii) Amount of contribution paid by the employer for the plan year	(ii)	$		
	Enter date of last payment by employer ▶ Month ____ Day ____ Year ____				
	(iii) If *(i)* is greater than *(ii)*, subtract *(ii)* from *(i)* and enter the funding deficiency here. Otherwise, enter zero. (If you have a funding deficiency, file Form 5330.)	(iii)	$		
16	Has the plan been top-heavy at any time beginning with the 1984 plan year?				
17	Has the plan accepted any transfers or rollovers with respect to a participant who has attained age 70½?				

		Yes	No
18a	If the plan distributed any annuity contracts this year, did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?	18a	
b	Did the plan make distributions to participants or beneficiaries in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or qualified preretirement survivor annuity (exclude deferred annuity contracts)?	b	
c	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	c	
d	Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	d	
19	Were distributions made in accordance with the requirements of Code section 417(e)? (See instructions.)	19	
20	Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?	20	
21	Has the plan made the required distributions in 1988 under Code section 401(a)(9)?	21	
22a	Does the plan satisfy the percentage test of Code section 410(b)(1)(A)?	22a	

If a is "Yes," complete b through i. If "No," complete only b and c below and see Specific Instructions.

		Number
b	*(i)* Number of employees who are aggregated with employees of the employer as a result of being an affiliated service group under Code section 414(b), (c), or (m)	(i)
	(ii) Number of individuals who performed services as leased employees under Code section 414(n) including leased employees of employers in (i)	(ii)
c	Total number of employees (including any employees aggregated in b)	c
d	Number of employees excluded under the plan because of *(i)* minimum age or years of service, *(ii)* employees on whose behalf retirement benefits were the subject of collective bargaining, or *(iii)* nonresident aliens who received no earned income from United States sources	d
e	Total number of employees not excluded (subtract d from c)	e
f	Employees ineligible (specify reason)	f
g	Employees eligible to participate (subtract f from e)	g
h	Employees eligible but not participating	h
i	Employees participating (subtract h from g)	i

		Yes	No
23a	Is it intended that this plan qualify under Code section 401(a)?	23a	

If "Yes," complete b and c.

b	Enter the date of the most recent IRS determination letter—Month _____ Year _____		
c	Is a determination letter request pending with IRS?	c	
24a	If this is a plan with Employee Stock Ownership features, was a current appraisal of the value of the stock made immediately before any contribution of stock or the purchase of the stock by the trust for the plan year covered by this return/report?	24a	
b	If a is "Yes," was the appraisal made by an unrelated third party?	b	
25	Is this plan integrated with social security or railroad retirement?	25	
26	Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans including this plan ▶	26	

27 Is this plan an adoption of a master, prototype or uniform plan? Indicate which type by checking the appropriate box.

a ☐ Master b ☐ Prototype plan c ☐ Uniform plan

28a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? ☐ Yes ☐ No ☐ Not determined

b If a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.
Employer identification number ▶ Plan number ▶

			Yes	No	Amount
29	During the plan year:				
a	Was this plan covered by a fidelity bond?	29a			
b	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	b			
c	Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	c			
d	Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	d			
e	Did the plan acquire or hold any employer security or employer real property?	e			
f	Has the plan granted an extension on any delinquent loan owed to the plan?	f			
g	Has the employer owed contributions to the plan which are more than 3 months overdue?	g			
h	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?	h			

		Yes	No	Amount
l Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?	29i			
j Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?	j			
k Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?	k			
l Were there any noncash contributions made to the plan whose value was set without an appraisal by an independent third party?	l			
m Were there any purchases of nonpublicly traded securities by the plan whose value was set without an appraisal by an independent third party?	m			
n Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?	n			

30 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of that portion of an insurance contract which guarantees during this plan year to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar.

		(a) Beginning of year	(b) End of year
Assets			
a Cash	a		
b Receivables	b		
c Investments:			
(i) U.S. Government securities	(i)		
(ii) Corporate debt and equity instruments	(ii)		
(iii) Real estate and mortgages (other than to participants)	(iii)		
(iv) Loans to participants:			
A Mortgages	A		
B Other	B		
(v) Other	(v)		
(vi) Total investments (add (i) through (v))	(vi)		
d Buildings and other property used in plan operations	d		
e Other assets	e		
f Total assets	f		
Liabilities			
g Payables	g		
h Acquisition indebtedness	h		
i Other liabilities	i		
j Total liabilities	j		
k Net assets (f minus j)	k		

31 Plan income, expenses, and changes in net assets for the plan year. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and payments/receipts to/from insurance carriers.

		(a) Amount	(b) Total
Income			
a Contributions received or receivable in cash from:			
(i) Employer(s) (including contributions on behalf of self-employed individuals)	(i)		
(ii) Employees	(ii)		
(iii) Others	(iii)		
b Noncash contributions	b		
c Earnings from investments (interest, dividends, rents, royalties)	c		
d Net realized gain (loss) on sale or exchange of assets	d		
e Other income (specify) ▶	e		
f Total income (add a through e)	f		
Expenses			
g Distribution of benefits and payments to provide benefits:			
(i) Directly to participants or their beneficiaries	(i)		
(ii) Other	(ii)		
h Administrative expenses (salaries, fees, commissions, insurance premiums)	h		
i Other expenses (specify) ▶	i		
j Total expenses (add g through i)	j		
k Net income (loss) (subtract j from f)	k		

			Yes	No
18a	If the plan distributed any annuity contracts this year, did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?	18a		
b	Did the plan make distributions to participants or beneficiaries in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or qualified preretirement survivor annuity (exclude deferred annuity contracts)?	b		
c	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	c		
d	Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	d		
19	Were distributions made in accordance with the requirements of Code section 417(e)? (See instructions.)	19		
20	Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?	20		
21	Has the plan made the required distributions in 1988 under Code section 401(a)(9)?	21		
22a	Does the plan satisfy the percentage test of Code section 410(b)(1)(A)?	22a		

If a is "Yes," complete b through i. If "No," complete only b and c below and see Specific Instructions.

			Number
b	*(i)* Number of employees who are aggregated with employees of the employer as a result of being an affiliated service group under Code section 414(b), (c), or (m)	(i)	
	(ii) Number of individuals who performed services as leased employees under Code section 414(n) including leased employees of employers in (i)	(ii)	
c	Total number of employees (including any employees aggregated in b)	c	
d	Number of employees excluded under the plan because of *(i)* minimum age or years of service, *(ii)* employees on whose behalf retirement benefits were the subject of collective bargaining, or *(iii)* nonresident aliens who received no earned income from United States sources	d	
e	Total number of employees not excluded (subtract d from c)	e	
f	Employees ineligible (specify reason)	f	
g	Employees eligible to participate (subtract f from e)	g	
h	Employees eligible but not participating	h	
i	Employees participating (subtract h from g)	i	

			Yes	No
23a	Is it intended that this plan qualify under Code section 401(a)? If "Yes," complete b and c.	23a		
b	Enter the date of the most recent IRS determination letter—Month _____ Year _____			
c	Is a determination letter request pending with IRS?	c		
24a	If this is a plan with Employee Stock Ownership features, was a current appraisal of the value of the stock made immediately before any contribution of stock or the purchase of the stock by the trust for the plan year covered by this return/report?	24a		
b	If a is "Yes," was the appraisal made by an unrelated third party?	b		
25	Is this plan integrated with social security or railroad retirement?	25		
26	Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans including this plan ▶	26		

27 Is this plan an adoption of a master, prototype or uniform plan? Indicate which type by checking the appropriate box.

a ☐ Master b ☐ Prototype plan c ☐ Uniform plan

28a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? ☐ Yes ☐ No ☐ Not determined

b If a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.
Employer identification number ▶ Plan number ▶

			Yes	No	Amount
29	During the plan year:				
a	Was this plan covered by a fidelity bond?	29a			
b	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	b			
c	Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	c			
d	Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	d			
e	Did the plan acquire or hold any employer security or employer real property?	e			
f	Has the plan granted an extension on any delinquent loan owed to the plan?	f			
g	Has the employer owed contributions to the plan which are more than 3 months overdue?	g			
h	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?	h			

			Yes	No	Amount
i	Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?	29i			
j	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?	j			
k	Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?	k			
l	Were there any noncash contributions made to the plan whose value was set without an appraisal by an independent third party?	l			
m	Were there any purchases of nonpublicly traded securities by the plan whose value was set without an appraisal by an independent third party?	m			
n	Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?	n			

30 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of that portion of an insurance contract which guarantees during this plan year to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar.

			(a) Beginning of year	(b) End of year
	Assets			
a	Cash	a		
b	Receivables	b		
c	Investments:			
	(i) U.S. Government securities	(i)		
	(ii) Corporate debt and equity instruments	(ii)		
	(iii) Real estate and mortgages (other than to participants)	(iii)		
	(iv) Loans to participants:			
	A Mortgages	A		
	B Other	B		
	(v) Other	(v)		
	(vi) Total investments (add (i) through (v))	(vi)		
d	Buildings and other property used in plan operations	d		
e	Other assets	e		
f	Total assets	f		
	Liabilities			
g	Payables	g		
h	Acquisition indebtedness	h		
i	Other liabilities	i		
j	Total liabilities	j		
k	Net assets (f minus j)	k		

31 Plan income, expenses, and changes in net assets for the plan year. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and payments/receipts to/from insurance carriers.

			(a) Amount	(b) Total
	Income			
a	Contributions received or receivable in cash from:			
	(i) Employer(s) (including contributions on behalf of self-employed individuals)	(i)		
	(ii) Employees	(ii)		
	(iii) Others	(iii)		
b	Noncash contributions	b		
c	Earnings from investments (interest, dividends, rents, royalties)	c		
d	Net realized gain (loss) on sale or exchange of assets	d		
e	Other income (specify) ▶	e		
f	Total income (add a through e)	f		
	Expenses			
g	Distribution of benefits and payments to provide benefits:			
	(i) Directly to participants or their beneficiaries	(i)		
	(ii) Other	(ii)		
h	Administrative expenses (salaries, fees, commissions, insurance premiums)	h		
i	Other expenses (specify) ▶	i		
j	Total expenses (add g through i)	j		
k	Net income (loss) (subtract j from f)	k		

Form **5500-R**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Registration Statement of Employee Benefit Plan

(With fewer than 100 participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D and 6058 of the Internal Revenue Code.

OMB No. 1210-0016

1988

Amended ☐

This Form is Open to Public Inspection

For the calendar plan year 1988 or fiscal plan year beginning , 1988, and ending , 19

One-participant plans file Form 5500EZ (see the instructions).

Plans described in Code section 6039D, complete the applicable box 6d, 6e, or 6f, and see the instructions.

Do NOT file this form for the plan's first year or for the plan's final return/report. Instead file Form 5500-C.

Check this box if an extension of time to file this return is attached . . . . . ▶ ☐

▶ **If you have been granted an extension of time to file this form, you must attach a copy of the approved extension to this form.**

▶ **Type or complete in ink and file the original. If any item does not apply, enter "N/A."**

Use IRS label. Otherwise, please print or type.

1a Name of plan sponsor (employer, if for a single employer plan)

Address (number and street)

City or town, state, and ZIP code

1b Employer identification number

1c Sponsor's telephone number ( )

1d If plan year changed since last return/report, check here . . ▶ ☐

2a Name of plan administrator (if same as plan sponsor, enter "Same")

Address (number and street)

City or town, state, and ZIP code

2b Administrator's employer identification number

2c Administrator's telephone number ( )

3 Are the name, address, and identification number of the plan sponsor and/or plan administrator the same as they appeared on the last return/report filed for this plan? . . . . . ☐ **Yes** ☐ **No**

If "No," enter the information from the last return/report in a and/or b, and complete c.

a Sponsor ▶ ..... EIN ..... Plan number .....

b Administrator ▶ ..... EIN .....

c If **a** is completed, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) ☐ **Yes** ☐ **No**

4 Check appropriate box to indicate the type of plan entity (check only one box):

a ☐ Single-employer plan
b ☐ Plan of controlled group of corporations or common control employers
c ☐ Multiemployer plan
d ☐ Multiple-employer collectively-bargained plan
e ☐ Multiple-employer plan (other)
f ☐ Exceptions to (b) and (e). (See instructions for line 4f.)

5a(*i*) Name of plan ▶ .....

5b Effective date of plan ▶

(*ii*) ☐ Check if name of plan changed since last return/report

(*iii*) ☐ Check this box if this plan covers self-employed participants

5c Enter three-digit plan number . . . ▶

6 Type of plan (check applicable boxes):

a ☐ Defined benefit
b ☐ Defined contribution (money purchase or profit-sharing)
c ☐ Welfare benefit
d ☐ Code section 120 (group legal services plan)
e ☐ Code section 125 (cafeteria plan)
f ☐ Code section 127 (educational assistance program)
g ☐ Master trust
h ☐ Common/collective trust
i ☐ Pooled separate account
j ☐ Other (specify) ▶
k If you checked d, e, or f, check if plan is: ☐ funded or ☐ unfunded

	Yes	No
7a Total participants: (*i*) Beginning of plan year ..... (*ii*) End of plan year		
b (*i*) Was any pension benefit plan participant(s) separated from service with deferred vested benefits for which a Schedule SSA (Form 5500) is required to be attached to this form? . . . . . **7b(i)**		
(*ii*) If "Yes," enter the number of separated participants required to be reported ▶		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Date ▶ ..... Signature of employer/plan sponsor ▶ .....

Date ▶ Signature of plan administrator ▶

For Paperwork Reduction Act Notice, see page 1 of Form 5500-R Instructions.

			Yes	No
8a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year	8a		
b	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	8b		
c	If **a** is "Yes" and the plan is covered by PBGC, is the plan continuing to file PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?	8c		
9	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	9		
10	If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. (If none, enter "-0-") ▶			
11a	Were any plan amendments adopted during the plan year?	11a		
b	If **a** is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant?	11b		
c	If **a** is "Yes," did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of the amendment?	11c		
d	Has a summary plan description or summary description of modifications that reflects the plan amendments referred to in 11c been furnished to participants and filed with the Department of Labor?	11d		
12a	If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans must answer this question and, attach Schedule B (Form 5500))?	12a		
b	If **a** is "Yes," have you filed Form 5330 to pay the excise tax?	12b		

13a	Total plan assets as of the beginning	and end		of the plan year.
b	Total liabilities as of the beginning	and end		of the plan year.
c	Net assets as of the beginning	and end		of the plan year.

14 For this plan year, enter: **a** Plan income

b Expenses **c** Net income (loss)

d Plan contributions **e** Total benefits paid

		Yes	No	Amount
15	During this plan year:			
a	Was this plan covered by a fidelity bond? 15a			
b	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty? 15b			
c	Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? 15c			
d	Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons? 15d			
e	Did the plan acquire or hold any employer security or employer real property? 15e			
f	Has the plan granted an extension on any delinquent loan owed to the plan? 15f			
g	Has the employer owed contributions to the plan which are more than 3 months overdue? 15g			
h	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year? 15h			
i	Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party? 15i			
j	Did the plan hold at any time 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests? 15j			
k	Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets? 15k			
l	Were there any noncash contributions made to the plan the value of which was set without an appraisal by an independent third party? 15l			
m	Were there any purchases of nonpublicly traded securities by the plan the value of which was set without an appraisal by an independent third party? 15m			
n	Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets? 15n			

16a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?

☐ **Yes** ☐ **No** ☐ **Not determined**

b If **a** is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.

Employer identification number ▶ Plan number ▶

Form **5500-R**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Registration Statement of Employee Benefit Plan

(With fewer than 100 participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D and 6058 of the Internal Revenue Code.

OMB No. 1210-0016

1988

Amended ☐

This Form is Open to Public Inspection

For the calendar plan year 1988 or fiscal plan year beginning , 1988, and ending , 19

One-participant plans file Form 5500EZ (see the instructions).

Plans described in Code section 6039D, complete the applicable box 6d, 6e, or 6f, and see the instructions.

Do NOT file this form for the plan's first year or for the plan's final return/report. Instead file Form 5500-C.

Check this box if an extension of time to file this return is attached . . . . . ▶ ☐

▶ **If you have been granted an extension of time to file this form, you must attach a copy of the approved extension to this form.**

▶ **Type or complete in ink and file the original. If any item does not apply, enter "N/A."**

Use IRS label. Otherwise, please print or type.

1a Name of plan sponsor (employer, if for a single employer plan)

Address (number and street)

City or town, state, and ZIP code

1b Employer identification number

1c Sponsor's telephone number ( )

1d If plan year changed since last return/report, check here . . ▶ ☐

2a Name of plan administrator (if same as plan sponsor, enter "Same")

Address (number and street)

City or town, state, and ZIP code

2b Administrator's employer identification number

2c Administrator's telephone number ( )

3 Are the name, address, and identification number of the plan sponsor and/or plan administrator the same as they appeared on the last return/report filed for this plan? . . . . . ☐ **Yes** ☐ **No**

If "No," enter the information from the last return/report in a and/or b, and complete c.

a Sponsor ▶ . . . . . EIN . . . . . Plan number . . . . .

b Administrator ▶ . . . . . EIN . . . . .

c If **a** is completed, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) ☐ **Yes** ☐ **No**

4 Check appropriate box to indicate the type of plan entity (check only one box):

a ☐ Single-employer plan
b ☐ Plan of controlled group of corporations or common control employers
c ☐ Multiemployer plan
d ☐ Multiple-employer-collectively-bargained plan
e ☐ Multiple-employer plan (other)
f ☐ Exceptions to (b) and (e). (See instructions for line 4f.)

5a(*i*) Name of plan ▶ . . . . .

5b Effective date of plan ▶

(*ii*) ☐ Check if name of plan changed since last return/report

(*iii*) ☐ Check this box if this plan covers self-employed participants

5c Enter three-digit plan number . . . ▶

6 Type of plan (check applicable boxes):

a ☐ Defined benefit
b ☐ Defined contribution (money purchase or profit-sharing)
c ☐ Welfare benefit
d ☐ Code section 120 (group legal services plan)
e ☐ Code section 125 (cafeteria plan)
f ☐ Code section 127 (educational assistance program)
g ☐ Master trust
h ☐ Common/collective trust
i ☐ Pooled separate account
j ☐ Other (specify) ▶ . . . . .
k If you checked d, e, or f, check if plan is: ☐ funded or ☐ unfunded

		Yes	No
7a Total participants: (*i*) Beginning of plan year . . . . . (*ii*) End of plan year			
b (*i*) Was any pension benefit plan participant(s) separated from service with deferred vested benefits for which a Schedule SSA (Form 5500) is required to be attached to this form?	7b(i)		
(*ii*) If "Yes," enter the number of separated participants required to be reported ▶			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Date ▶ . . . . . Signature of employer/plan sponsor ▶ . . . . .

Date ▶ Signature of plan administrator ▶

			Yes	No
8a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year	8a		
b	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	8b		
c	If **a** is "Yes" and the plan is covered by PBGC, is the plan continuing to file PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?	8c		
9	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	9		
10	If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. (If none, enter "-0-") ▶			
11a	Were any plan amendments adopted during the plan year?	11a		
b	If **a** is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant?	11b		
c	If **a** is "Yes," did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of the amendment?	11c		
d	Has a summary plan description or summary description of modifications that reflects the plan amendments referred to in 11c been furnished to participants and filed with the Department of Labor?	11d		
12a	If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year (defined benefit plans must answer this question and, attach Schedule B (Form 5500))?	12a		
b	If **a** is "Yes," have you filed Form 5330 to pay the excise tax?	12b		

13a	Total plan assets as of the beginning	and end	of the plan year.	
b	Total liabilities as of the beginning	and end	of the plan year.	
c	Net assets as of the beginning	and end	of the plan year.	

14 For this plan year, enter: **a** Plan income .....

b Expenses ..... **c** Net income (loss) .....

d Plan contributions **e** Total benefits paid

			Yes	No	Amount
15	During this plan year:				
a	Was this plan covered by a fidelity bond?	15a			
b	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	15b			
c	Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	15c			
d	Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	15d			
e	Did the plan acquire or hold any employer security or employer real property?	15e			
f	Has the plan granted an extension on any delinquent loan owed to the plan?	15f			
g	Has the employer owed contributions to the plan which are more than 3 months overdue?	15g			
h	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?	15h			
i	Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?	15i			
j	Did the plan hold at any time 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?	15j			
k	Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?	15k			
l	Were there any noncash contributions made to the plan the value of which was set without an appraisal by an independent third party?	15l			
m	Were there any purchases of nonpublicly traded securities by the plan the value of which was set without an appraisal by an independent third party?	15m			
n	Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?	15n			

16a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?

☐ **Yes** ☐ **No** ☐ **Not determined**

b If **a** is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.

Employer identification number ▶ Plan number ▶

SCHEDULE A (Form 5500)
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an Attachment to Forms 5500, 5500-C, or 5500-R.**

▶ Insurance companies are required to provide this information as per ERISA section 103(a)(2).

OMB No. 1210-0016

1988

This Form Is Open to Public Inspection

For calendar year 1988 or fiscal plan year beginning , 1988 and ending , 19

▶ **Part I must be completed for all plans required to file this schedule.**
▶ **Part II must be completed for all insured pension plans.**
▶ **Part III must be completed for all insured welfare plans.**

▶ **Enter master trust or 103-12 IE name in place of "sponsor" and specify investment account or 103-12 IE in place of "plan" if filing with DOL for a master trust or 103-12 IE.**

Name of plan sponsor as shown on line 1a of Form 5500, 5500-C, or 5500-R | **Employer identification number**

Name of plan | Enter three-digit plan number ▶

Part I Summary of All Insurance Contracts Included in Parts II and III

Group all contracts in the same manner as in Parts II and III.

1 Check appropriate box: a ☐ Welfare plan b ☐ Pension plan c ☐ Combination pension and welfare plan

2 Coverage:

(a) Name of insurance carrier	(b) Contract or identification number	(c) Approximate number of persons covered at end of policy or contract year	Policy or contract year (d) From	(e) To

3 Insurance fees and commissions paid to agents and brokers:

(a) Contract or identification number	(b) Name and address of the agents or brokers to whom commissions or fees were paid	(c) Amount of commissions paid	(d) Fees paid: Amount	(d) Fees paid: Purpose
Total				

4 Premiums due and unpaid at end of the plan year ▶ $. Contract or identification number ▶

Part II Insured Pension Plans

Provide information for each contract on a separate Part II. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

▶ Contract or identification number ▶

5 Contracts with allocated funds, for example, individual policies or group deferred annuity contracts:

a State the basis of premium rates ▶

b Total premiums paid to carrier

c If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 3 above, enter amount
Specify nature of costs ▶

6 Contracts with unallocated funds, for example, deposit administration or immediate participation guarantee contracts. Do not include portions of these contracts maintained in separate accounts:

a Balance at the end of the previous policy year

b Additions: *(i)* Contributions deposited during year

(ii) Dividends and credits

(iii) Interest credited during the year

(iv) Transferred from separate account

(v) Other (specify) ▶

(vi) Total additions

c Total of balance and additions, add **a** and **b**(vi)

d Deductions:

(i) Disbursed from fund to pay benefits or purchase annuities during year

(ii) Administration charge made by carrier

(iii) Transferred to separate account

(iv) Other (specify) ▶

(v) Total deductions

e Balance at end of current policy year, subtract **d**(v) from **c**

7 Separate accounts: Current value of plan's interest in separate accounts at year end

Part III Insured Welfare Plans

Provide information for each contract on a separate Part III. If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8	(a) Contract or identification number	(b) Type of benefit	(c) List gross premium for each contract	(d) Premium rate or subscription charge

9	Experience-rated contracts: **a** Premiums: *(i)* Amount received	
	(ii) Increase (decrease) in amount due but unpaid	
	(iii) Increase (decrease) in unearned premium reserve	
	(iv) Premiums earned, add (i) and (ii), and subtract (iii)	
	b Benefit charges: *(i)* Claims paid	
	(ii) Increase (decrease) in claim reserves	
	(iii) Incurred claims, add (i) and (ii)	
	(iv) Claims charged	
	c Remainder of premium: *(i)* Retention charges (on an accrual basis)—(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(ii) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	
	d Status of policyholder reserves at end of year: *(i)* Amount held to provide benefits after retirement	
	(ii) Claim reserves	
	(iii) Other reserves	
	e Dividends or retroactive rate refunds due (do not include amount entered in c(ii))	
10	Nonexperience-rated contracts: **a** Total premiums or subscription charges paid to carrier	
	b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 3 above, report amount	
	Specify nature of costs ▶	

If additional space is required for any item, attach additional sheets the same size as this form.

General Instructions

This schedule must be attached to Form 5500, 5500-C, or 5500-R for every defined benefit, defined contribution, and welfare benefit plan where any benefits under the plan are provided by an insurance company, insurance service, or other similar organization.

Specific Instructions

(References are to the line items on the form.)

Include only contracts with policy or contract years ending with or within the plan year (for reporting purposes a year cannot exceed 12 months). Data on Schedule A (Form 5500) should be reported only for such policy or contract years. **Exception:** *If the insurance company maintains records on the basis of a plan year rather than policy or contract year, data on Schedule A (Form 5500) may be reported for the plan year.*

Include only the contracts issued to the plan for which this return/report is being filed.

Plans Participating in Master Trust(s) and 103-12 IEs—See the Form 5500 or Form 5500-C instructions for "Reporting Requirements for Investment Arrangements Filing With DOL."

2(c).—Since the plan coverage may fluctuate during the year, the number of persons entered should be that which the administrator determines will most reasonably reflect the number covered by the plan at the end of the policy or contract year.

Where contracts covering individual employees are grouped, entries should be determined as of the end of the plan year.

2(d) and (e).—Enter the beginning and ending dates of the policy year for each contract listed under column (b). Where separate contracts covering individual employees are grouped, enter "N/A" in column (d).

3.—All sales commissions are to be reported in column (c) regardless of the identity of the recipient. Override commissions, salaries, bonuses, etc., paid to a general agent or manager for managing an agency, or for performing other administrative functions, are not to be reported.

Fees to be reported in column (d) represent payments by insurance carriers to agents and brokers for items other than commissions (e.g., service fees, consulting fees, and finders fees).

Note: *For purposes of this item, commissions and fees include amounts paid by an insurance company on the basis of the aggregate value (e.g., policy amounts, premiums) of contracts or policies (or classes thereof) placed or retained. The amount (or pro rata share of the total) of such commissions or fees attributable to the contract or policy placed with or retained by the plan must be reported in column (c) or (d), as appropriate.*

Fees paid by insurance carriers to persons other than agents and brokers should be reported in Parts II and III on Schedule A (Form 5500) as acquisition costs, administrative charges, etc., as appropriate. For plans with 100 or more participants, fees paid by employee benefit plans to agents, brokers, and other persons are to be reported on Schedule C (Form 5500).

5a.—The rate information called for here may be furnished by attachment of appropriate schedules of current rates filed with appropriate state insurance departments or by a statement as to the basis of the rates.

6.—Show deposit fund amounts rather than experience credit records when both are maintained.

8(d).—The rate information called for here may be furnished by attachment of appropriate schedules of current rates or by a statement as to the basis of the rates.

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an Attachment to Forms 5500, 5500-C, or 5500-R.**

► Insurance companies are required to provide this information as per ERISA section 103(a)(2).

OMB No. 1210-0016

1988

This Form Is Open to Public Inspection

For calendar year 1988 or fiscal plan year beginning , 1988 and ending , 19

► **Part I must be completed for all plans required to file this schedule.**
► **Part II must be completed for all insured pension plans.**
► **Part III must be completed for all insured welfare plans.**

► **Enter master trust or 103-12 IE name in place of "sponsor" and specify investment account or 103-12 IE in place of "plan" if filing with DOL for a master trust or 103-12 IE.**

Name of plan sponsor as shown on line 1a of Form 5500, 5500-C, or 5500-R

Employer identification number

Name of plan

Enter three-digit plan number ►

Part I Summary of All Insurance Contracts Included in Parts II and III

Group all contracts in the same manner as in Parts II and III.

1 Check appropriate box: **a** ☐ Welfare plan **b** ☐ Pension plan **c** ☐ Combination pension and welfare plan

2 Coverage:

(a) Name of insurance carrier	(b) Contract or identification number	(c) Approximate number of persons covered at end of policy or contract year	Policy or contract year (d) From	(e) To

3 Insurance fees and commissions paid to agents and brokers:

(a) Contract or identification number	(b) Name and address of the agents or brokers to whom commissions or fees were paid	(c) Amount of commissions paid	(d) Fees paid: Amount	(d) Fees paid: Purpose
Total				

4 Premiums due and unpaid at end of the plan year ► $: Contract or identification number ►

Part II Insured Pension Plans

Provide information for each contract on a separate Part II. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

► Contract or identification number ►

5 Contracts with allocated funds, for example, individual policies or group deferred annuity contracts:

- **a** State the basis of premium rates ►
- **b** Total premiums paid to carrier
- **c** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 3 above, enter amount. Specify nature of costs ►

6 Contracts with unallocated funds, for example, deposit administration or immediate participation guarantee contracts. Do not include portions of these contracts maintained in separate accounts:

- **a** Balance at the end of the previous policy year
- **b** Additions: *(i)* Contributions deposited during year
  - *(ii)* Dividends and credits
  - *(iii)* Interest credited during the year
  - *(iv)* Transferred from separate account
  - *(v)* Other (specify) ►
  - *(vi)* Total additions
- **c** Total of balance and additions, add **a** and **b**(vi)
- **d** Deductions:
  - *(i)* Disbursed from fund to pay benefits or purchase annuities during year
  - *(ii)* Administration charge made by carrier
  - *(iii)* Transferred to separate account
  - *(iv)* Other (specify) ►
  - *(v)* Total deductions
- **e** Balance at end of current policy year, subtract **d**(v) from **c**

7 Separate accounts: Current value of plan's interest in separate accounts at year end

Part III Insured Welfare Plans

Provide information for each contract on a separate Part III. If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8	(a) Contract or identification number	(b) Type of benefit	(c) List gross premium for each contract	(d) Premium rate or subscription charge

9	Experience-rated contracts: **a** Premiums: *(i)* Amount received	
	(ii) Increase (decrease) in amount due but unpaid	
	(iii) Increase (decrease) in unearned premium reserve	
	(iv) Premiums earned, add (i) and (ii), and subtract (iii)	
	b Benefit charges: *(i)* Claims paid	
	(ii) Increase (decrease) in claim reserves	
	(iii) Incurred claims, add (i) and (ii)	
	(iv) Claims charged	
	c Remainder of premium: *(i)* Retention charges (on an accrual basis)—(A) Commissions	
	(B) Administrative service or other fees	
	(C) Other specific acquisition costs	
	(D) Other expenses	
	(E) Taxes	
	(F) Charges for risks or contingencies	
	(G) Other retention charges	
	(H) Total retention	
	(ii) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	
	d Status of policyholder reserves at end of year: *(i)* Amount held to provide benefits after retirement	
	(ii) Claim reserves	
	(iii) Other reserves	
	e Dividends or retroactive rate refunds due (do not include amount entered in c(ii))	
10	Nonexperience-rated contracts: **a** Total premiums or subscription charges paid to carrier	
	b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 3 above, report amount	

Specify nature of costs ▶ _____

If additional space is required for any item, attach additional sheets the same size as this form.

General Instructions

This schedule must be attached to Form 5500, 5500-C, or 5500-R for every defined benefit, defined contribution, and welfare benefit plan where any benefits under the plan are provided by an insurance company, insurance service, or other similar organization.

Specific Instructions

(References are to the line items on the form.)

Include only contracts with policy or contract years ending with or within the plan year (for reporting purposes a year cannot exceed 12 months). Data on Schedule A (Form 5500) should be reported only for such policy or contract years. **Exception:** *If the insurance company maintains records on the basis of a plan year rather than policy or contract year, data on Schedule A (Form 5500) may be reported for the plan year.*

Include only the contracts issued to the plan for which this return/report is being filed.

Plans Participating in Master Trust(s) and 103-12 IEs—See the Form 5500 or Form 5500-C instructions for "Reporting Requirements for Investment Arrangements Filing With DOL."

2(c).—Since the plan coverage may fluctuate during the year, the number of persons entered should be that which the administrator determines will most reasonably reflect the number covered by the plan at the end of the policy or contract year.

Where contracts covering individual employees are grouped, entries should be determined as of the end of the plan year.

2(d) and (e).—Enter the beginning and ending dates of the policy year for each contract listed under column (b). Where separate contracts covering individual employees are grouped, enter "N/A" in column (d).

3.—All sales commissions are to be reported in column (c) regardless of the identity of the recipient. Override commissions, salaries, bonuses, etc., paid to a general agent or manager for managing an agency, or for performing other administrative functions, are not to be reported.

Fees to be reported in column (d) represent payments by insurance carriers to agents and brokers for items other than commissions (e.g., service fees, consulting fees, and finders fees).

Note: *For purposes of this item, commissions and fees include amounts paid by an insurance company on the basis of the aggregate value (e.g., policy amounts, premiums) of contracts or policies (or classes thereof) placed or retained. The amount (or pro rata share of the total) of such commissions or fees attributable to the contract or policy placed with or retained by the plan must be reported in column (c) or (d), as appropriate.*

Fees paid by insurance carriers to persons other than agents and brokers should be reported in Parts II and III on Schedule A (Form 5500) as acquisition costs, administrative charges, etc., as appropriate. For plans with 100 or more participants, fees paid by employee benefit plans to agents, brokers, and other persons are to be reported on Schedule C (Form 5500).

5a.—The rate information called for here may be furnished by attachment of appropriate schedules of current rates filed with appropriate state insurance departments or by a statement as to the basis of the rates.

6.—Show deposit fund amounts rather than experience credit records when both are maintained.

8(d).—The rate information called for here may be furnished by attachment of appropriate schedules of current rates or by a statement as to the basis of the rates.

SCHEDULE B (Form 5500)
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

► **Attach to Forms 5500, 5500-C, 5500-R, or 5500EZ if applicable.**

OMB No. 1210-0016

1988

This Form Is Open to Public Inspection

For calendar plan year 1988 or fiscal plan year beginning , 1988, and ending , 19

► **Please complete every item on this form. If an item does not apply, enter "N/A."** ► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

Name of plan sponsor as shown on line 1a of Form 5500, 5500-C, 5500-R, or 5500EZ

Employer identification number

Name of plan

Enter three-digit plan number ►

	Yes	No
1 Has a waiver of a funding deficiency for this plan been approved by the IRS? If "Yes," attach a copy of the IRS approval letter.		
2 Is a waived funding deficiency of a prior plan year being amortized in this plan year?		
3 Have any of the periods of amortization for charges described in Code section 412(b)(2)(B) been extended by IRS? If "Yes," attach a copy of the IRS approval letter.		
4a Was the shortfall funding method the basis for this plan year's funding standard account computations?		
b Is this plan a multiemployer plan which is, for this plan year, in reorganization as described in Code section 418 or ERISA section 4241? If "Yes," you are required to attach the information described in the instructions.		
5 Has a change in funding method for this plan year been made? If "Yes," attach either a copy of the letter showing IRS approval or state applicable Revenue Procedure authorizing approval if used.		

6 Operational information:

a Enter most recent actuarial valuation date ►

b Enter date(s) and amount of contributions received this plan year for prior plan years and not previously reported:
Date(s) ► Amount ►

c Current value of the assets accumulated in the plan as of the beginning of the plan year

d Present value of vested benefits as of the beginning of the plan year:
(i) For retired participants and beneficiaries receiving payments
(ii) For other participants
(iii) Total

e Present value of nonvested accrued benefits as of the beginning of the plan year

f Number of persons covered (included in the most recent actuarial valuation):
(i) Active participants
(ii) Terminated participants with vested benefits
(iii) Retired participants and beneficiaries of deceased participants

7 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month Year	(b) Amount paid by employer	(c) Amount paid by employees
			Total		

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying statement, if any, is complete and accurate, and in my opinion the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan.

Signature of actuary — Date

Print or type name of actuary — Enrollment number

Name and address — Telephone number (including area code)

8 Funding standard account and other information:

- **a** Accrued liabilities as determined for funding standard account as of (enter date) ▶
- **b** Value of assets as determined for funding standard account as of (enter date) ▶
- **c** Unfunded liability for spread-gain methods with bases as of (enter date) ▶
- **d** *(i)* Actuarial gains or (losses) for period ending ▶
  (ii) Shortfall gains or (losses) for period ending ▶
- **e** Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero, from **9m** or **10h** (or the attachment for **4b** if required)

9 Funding standard account statement for this plan year ending ▶

Charges to funding standard account:

- **a** Prior year funding deficiency, if any
- **b** Employer's normal cost for plan year as of mo. ____ day ____ yr. ____
- **c** Amortization charges
  (i) Funding waivers (outstanding balance as of mo. ____ day ____ yr. ____ ▶ $ ____)
  (ii) Other than waivers (outstanding balance as of mo. ____ day ____ yr. ____ ▶ $ ____)
- **d** Interest as applicable to the end of the plan year on **a**, **b**, and **c**
- **e** Total charges (add **a** through **d**)

Credits to funding standard account:

- **f** Prior year credit balance, if any
- **g** Employer contributions (total from column (b) of item 7)
- **h** Amortization credits (outstanding balance as of mo. ____ day ____ yr. ____ ▶ $ ____)
- **i** Interest as applicable to end of plan year on **f**, **g**, and **h**
- **j** Other (specify) ▶
- **k** Total credits (add **f** through **j**)

Balance:

- **l** Credit balance: if **k** is greater than **e**, enter the difference
- **m** Funding deficiency: if **e** is greater than **k**, enter the difference

10 Alternative minimum funding standard account (omit if not used):

- **a** Was the entry age normal cost method used to determine entries in item 9 above? ☐ Yes ☐ No
  If "No," do not complete **b** through **h**.
- **b** Prior year alternate funding deficiency, if any
- **c** Normal cost
- **d** Excess, if any, of value of accrued benefits over market value of assets
- **e** Interest on **b**, **c**, and **d**
- **f** Employer contributions (total from column (b) of item 7)
- **g** Interest on **f**
- **h** Funding deficiency: if the sum of **b** through **e** is greater than the sum of **f** and **g**, enter difference

11 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- **a** ☐ Attained age normal
- **b** ☐ Entry age normal
- **c** ☐ Accrued benefit (unit credit)
- **d** ☐ Aggregate
- **e** ☐ Frozen initial liability
- **f** ☐ Individual level premium
- **g** ☐ Other (specify) ▶

12 Checklist of certain actuarial assumptions:

	A Used for items 6d and e—value of accrued benefits				**B** Used for items 8, 9, or 10—funding standard account			
	Pre-retirement		Post-retirement		Pre-retirement		Post-retirement	
a Rates specified in insurance or annuity contracts	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
b Mortality table code:								
(i) Males								
(ii) Females								
c Interest rate	%		%		%		%	
d Retirement age								
e Expense loading	%		%		%		%	
f Annual withdrawal rate:	*Male*	*Female*			*Male*	*Female*		
(i) Age 25	%	%			%	%		
(ii) Age 40	%	%			%	%		
(iii) Age 55	%	%			%	%		
g Ratio of salary at normal retirement to salary at:								
(i) Age 25					%	%		
(ii) Age 40					%	%		
(iii) Age 55					%	%		

h Investment return on actuarial value of plan assets for the year ending on the valuation date %

SCHEDULE B (Form 5500)
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Forms 5500, 5500-C, 5500-R, or 5500EZ if applicable.**

OMB No. 1210-0016

1988

This Form Is Open to Public Inspection

For calendar plan year 1988 or fiscal plan year beginning , 1988, and ending , 19

▶ **Please complete every item on this form. If an item does not apply, enter "N/A."** ▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

Name of plan sponsor as shown on line 1a of Form 5500, 5500-C, 5500-R, or 5500EZ | **Employer identification number**

Name of plan | Enter three-digit plan number ▶

	Yes	No
1 Has a waiver of a funding deficiency for this plan been approved by the IRS? If "Yes," attach a copy of the IRS approval letter.		
2 Is a waived funding deficiency of a prior plan year being amortized in this plan year?		
3 Have any of the periods of amortization for charges described in Code section 412(b)(2)(B) been extended by IRS? If "Yes," attach a copy of the IRS approval letter.		
4a Was the shortfall funding method the basis for this plan year's funding standard account computations?		
b Is this plan a multiemployer plan which is, for this plan year, in reorganization as described in Code section 418 or ERISA section 4241? If "Yes," you are required to attach the information described in the instructions.		
5 Has a change in funding method for this plan year been made? If "Yes," attach either a copy of the letter showing IRS approval or state applicable Revenue Procedure authorizing approval if used.		

6 Operational information:

a Enter most recent actuarial valuation date ▶

b Enter date(s) and amount of contributions received this plan year for prior plan years and not previously reported:
Date(s) ▶ Amount ▶

c Current value of the assets accumulated in the plan as of the beginning of the plan year

d Present value of vested benefits as of the beginning of the plan year:
(i) For retired participants and beneficiaries receiving payments
(ii) For other participants
(iii) Total

e Present value of nonvested accrued benefits as of the beginning of the plan year

f Number of persons covered (included in the most recent actuarial valuation):
(i) Active participants
(ii) Terminated participants with vested benefits
(iii) Retired participants and beneficiaries of deceased participants

7 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month Year	(b) Amount paid by employer	(c) Amount paid by employees
			Total		

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying statement, if any, is complete and accurate, and in my opinion the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan.

Signature of actuary — Date

Print or type name of actuary — Enrollment number

Name and address — Telephone number (including area code)

8 Funding standard account and other information:

- **a** Accrued liabilities as determined for funding standard account as of (enter date) ▶ _____
- **b** Value of assets as determined for funding standard account as of (enter date) ▶ _____
- **c** Unfunded liability for spread-gain methods with bases as of (enter date) ▶ _____
- **d** *(i)* Actuarial gains or (losses) for period ending ▶ _____
  (ii) Shortfall gains or (losses) for period ending ▶ _____
- **e** Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero, from **9m** or **10h** (or the attachment for **4b** if required)

9 Funding standard account statement for this plan year ending ▶ _____

Charges to funding standard account:

- **a** Prior year funding deficiency, if any
- **b** Employer's normal cost for plan year as of mo. _____ day _____ yr. _____
- **c** Amortization charges
  (i) Funding waivers (outstanding balance as of mo. _____ day _____ yr. _____ ▶ $ _____)
  (ii) Other than waivers (outstanding balance as of mo. _____ day _____ yr. _____ ▶ $ _____)
- **d** Interest as applicable to the end of the plan year on **a**, **b**, and **c**
- **e** Total charges (add **a** through **d**)

Credits to funding standard account:

- **f** Prior year credit balance, if any
- **g** Employer contributions (total from column (b) of item 7)
- **h** Amortization credits (outstanding balance as of mo. _____ day _____ yr. _____ ▶ $ _____)
- **i** Interest as applicable to end of plan year on **f**, **g**, and **h**
- **j** Other (specify) ▶ _____
- **k** Total credits (add **f** through **j**)

Balance:

- **l** Credit balance: if **k** is greater than **e**, enter the difference
- **m** Funding deficiency: if **e** is greater than **k**, enter the difference

10 Alternative minimum funding standard account (omit if not used):

- **a** Was the entry age normal cost method used to determine entries in item 9 above? ☐ Yes ☐ No
  If "No," do not complete **b** through **h**.
- **b** Prior year alternate funding deficiency, if any
- **c** Normal cost
- **d** Excess, if any, of value of accrued benefits over market value of assets
- **e** Interest on **b**, **c**, and **d**
- **f** Employer contributions (total from column (b) of item 7)
- **g** Interest on **f**
- **h** Funding deficiency: if the sum of **b** through **e** is greater than the sum of **f** and **g**, enter difference

11 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- **a** ☐ Attained age normal
- **b** ☐ Entry age normal
- **c** ☐ Accrued benefit (unit credit)
- **d** ☐ Aggregate
- **e** ☐ Frozen initial liability
- **f** ☐ Individual level premium
- **g** ☐ Other (specify) ▶

12 Checklist of certain actuarial assumptions:

	A Used for items 6d and e—value of accrued benefits				**B** Used for items 8, 9, or 10—funding standard account			
	Pre-retirement		Post-retirement		Pre-retirement		Post-retirement	
	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
a Rates specified in insurance or annuity contracts								
b Mortality table code:								
(i) Males								
(ii) Females								
c Interest rate	%		%		%		%	
d Retirement age								
e Expense loading	%		%		%		%	
f Annual withdrawal rate:	*Male*	*Female*			*Male*	*Female*		
(i) Age 25	%	%			%	%		
(ii) Age 40	%	%			%	%		
(iii) Age 55	%	%			%	%		
g Ratio of salary at normal retirement to salary at:								
(i) Age 25					%	%		
(ii) Age 40					%	%		
(iii) Age 55					%	%		

h Investment return on actuarial value of plan assets for the year ending on the valuation date %

SCHEDULE SSA (Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

▶ **File as an attachment to Form 5500, 5500-C, or 5500-R.**

▶ **For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500 or 5500-C.**

OMB No. 1210-0016

1988

This Form Is NOT Open to Public Inspection

For the calendar year 1988 or fiscal plan year beginning , 1988, and ending , 19

▶ **This form must be filed for each plan year in which one or more participants with deferred vested benefit rights separated from the service covered by the plan. See instructions on when to report a separated employee.**

1a Name of sponsor (employer if for a single employer plan)

1b Sponsor's employer identification number

Address (number and street)

1c Is this a plan to which more than one employer contributes? ☐ Yes ☐ No

City or town, state, and ZIP code

2a Name of plan administrator (if other than sponsor)

2b Administrator's employer identification no.

Address (number and street)

City or town, state, and ZIP code

3a Name of plan

3b Plan number ▶

4 Have you notified each separated participant of his or her deferred benefit? ☐ Yes ☐ No

5 Separated participants with deferred vested benefits (if additional space is required, see instruction, "What To File"):

(a) Social Security Number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	Defined contribution plan (f) Units or shares	Defined contribution plan (g) Total value of account	

The Following Information Is Optional (See Specific Instruction 6)

6 Use this item to report (i) separated participants with deferred vested benefits who were previously reported on Schedule SSA (Form 5500) and who have received part or all of their vested benefits or who have forfeited their benefits during the plan year for which this form is being filed, and (ii) to delete participants erroneously reported on a prior Schedule SSA (Form 5500).

Note: *Participants listed in this item, because they have received part of their vested benefits, must also be reported in item 5 above listing their remaining vested benefits.*

(a) Social Security Number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	Defined contribution plan (f) Units or shares	Defined contribution plan (g) Total value of account	

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Date

Signature of plan administrator

General Instructions

Note: *Please type or print all information and submit original copy only.*

Who Must File.—The plan administrator must file this form for any plan year for which a separated plan participant is reported under "When To Report a Separated Participant" below.

What To File.—File this schedule and complete all items. If you need more space, use additional copies of Schedule SSA, completing only items 1, 3, 5, and 6 of the additional copies.

A machine-generated computer listing showing the information required in items 5 and 6 may be submitted in lieu of completing items 5 and 6 on the schedule. Complete items 1 through 4 on Schedule SSA and enter in items 5 and 6 a statement that a list is attached. On each page of the computer list, enter the name of the sponsor, the EIN, the plan name, and the plan number. The list must be in the same format as items 5 and 6.

How To File.—File as an attachment to Form 5500, 5500-C, or 5500-R.

When To Report a Separated Participant.—

In general, ***for a plan to which only one employer contributes,*** a participant must be reported on Schedule SSA if:

(1) The participant separates from service covered by the plan in a plan year, and

(2) The participant is entitled to a deferred vested benefit under the plan.

The separated participant must be reported no later than on the Schedule SSA filed for the plan year following the plan year in which separation occurred. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which separation occurred). Once separated participants have been reported on a Schedule SSA they should not be reported on a subsequent year's Schedule SSA.

However, a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed (including any extension of time for filing), the participant:

(1) Is paid some or all of the deferred vested retirement benefit,

(2) Returns to service covered by the plan, or

(3) Forfeits all of the deferred vested retirement benefit.

In general, ***for a plan to which more than one employer contributes,*** a participant must be reported on Schedule SSA if:

(1) The participant incurs two successive one-year breaks in service (as defined in the plan for vesting purposes) in service computation periods, and

(2) The participant is (or may be) entitled to a deferred vested benefit under the plan.

The participant must be reported no later than on the Schedule SSA filed for the plan year in which the participant completed the second of the two consecutive one-year breaks in service. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which he or she separated from service or completed the first one-year break in service).

However, a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed (including any extension of time for filing), the participant:

(1) Is paid some or all of the deferred vested retirement benefit,

(2) Accrues additional retirement benefits under the plan, or

(3) Forfeits all of the deferred vested retirement benefit.

Cessation of Payment of Benefits.—As described above in "When To Report a Separated Participant," a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed, some of the deferred vested benefit to which the participant is entitled is paid to the participant. If payment of the deferred vested benefit ceases before all of the benefit is paid to the participant, the benefit to which the participant remains entitled must be reported on the Schedule SSA filed for the plan year following the last plan year within which any of the benefit was paid to the participant. However, a participant is not required to be reported on Schedule SSA on account of a cessation of payment of benefits if, before the date the schedule is required to be filed (including any extension of time for filing), the participant:

(1) Returns to service covered by the plan,

(2) Accrues additional retirement benefits under the plan, or

(3) Forfeits the remaining benefit.

Separation of a Re-employed Employee.— The deferred vested benefit reported on the current Schedule SSA for a re-employed employee who is again separated from service must include only the benefit not previously reported in or for prior years. Generally, the benefit to be shown on the current filing will be the benefit earned during the re-employment period.

Caution: *A penalty may be assessed if Schedule SSA (Form 5500) is not timely filed.*

Specific Instructions

4. Check "Yes" if you have complied with the requirements of Code section 6057(e). The notification to each participant must include the information set forth on this schedule and the information with respect to any contributions made by the participant and not withdrawn by the end of the plan year. Any benefits that are forfeitable if the participant dies before a certain date must be shown on the statement.

5(a). Please be careful to enter the exact social security number of each participant listed.

If the participant is a foreign national employed outside of the United States who does not have a social security number, enter the participant's nationality.

5(b). Enter each participant's name exactly as it appears on the participant's social security card or the employer's payroll records for purposes of reporting to the Social Security Administration.

5(c). From the following list, select the code that describes the type of annuity that will be provided for the participant. The type of annuity to be entered is the type that normally accrues under the plan at the time of the participant's separation from service covered by the plan (or for a plan to which more than one employer contributes at the time the participant incurs the second consecutive one-year break in service under the plan).

A A single sum

B Annuity payable over fixed number of years

C Life annuity

D Life annuity with period certain

E Cash refund life annuity

F Modified cash refund life annuity

G Joint and last survivor life annuity

M Other

5(d). From the following list, select the code that describes the benefit payment frequency during a 12-month period.

A Lump sum

B Annually

C Semiannually

D Quarterly

E Monthly

M Other

5(e). For a defined benefit plan, enter the amount of the periodic payment that a participant would normally be entitled to receive under 5(c), commencing at normal retirement age. However, if it is more expedient to show the amount of periodic payment the participant would be entitled to receive at early retirement date, enter that amount.

For a plan to which more than one employer contributes, if the amount of the periodic payment cannot be accurately determined because the plan administrator does not maintain complete records of covered service, enter an estimated amount and add the letter "X" in column 5(c) in addition to the annuity code to indicate that it is an estimate. If, from records maintained by the plan administrator, it cannot be determined whether the participant is entitled to any deferred vested benefit, but there is reason to believe he or she may be entitled, leave column 5(e) blank and enter "Y" in column 5(c) in addition to the annuity code.

5(f). For a defined contribution plan, if the plan states that a participant's share of the fund will be determined on the basis of units, enter the number of units credited to the participant.

If, under the plan, participation is determined on the basis of shares of stock of the employer, enter the number of shares and add the letter "S" to indicate shares. A number without the "S" will be interpreted to mean units.

5(g). For defined contribution plans, enter the value of the participant's account at the time of separation.

6. If, after a participant has been reported on Schedule SSA, the participant:

(1) is paid some or all of the deferred vested retirement benefit, or

(2) forfeits all of the deferred vested retirement benefit,

the plan administrator may, at its option, request that the participant's deferred vested benefit be deleted from Social Security Administration's records. Information reported in item 6, columns (a) through (g), is to be the exact information previously reported on Schedule SSA for the participant.

If this option is chosen because the participant is paid some of the deferred vested benefit, the reporting requirements described in "Cessation of Payment of Benefits" above apply if payment of the benefit ceases before all of the benefit is paid to the participant.

Also, if a person was erroneously reported on a prior Schedule SSA, use item 6 to delete this information from Social Security Administration's records.

Signature.—This form must be signed by the plan administrator. If more than one Schedule SSA is filed for one plan, only page one should be signed.

SCHEDULE SSA (Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

▶ **File as an attachment to Form 5500, 5500-C, or 5500-R.**

▶ **For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500 or 5500-C.**

OMB No. 1210-0016

1988

This Form Is NOT Open to Public Inspection

For the calendar year 1988 or fiscal plan year beginning , 1988, and ending , 19

▶ **This form must be filed for each plan year in which one or more participants with deferred vested benefit rights separated from the service covered by the plan. See instructions on when to report a separated employee.**

1a Name of sponsor (employer if for a single employer plan)

1b Sponsor's employer identification number

Address (number and street)

1c Is this a plan to which more than one employer contributes? . . ☐ **Yes** ☐ **No**

City or town, state, and ZIP code

2a Name of plan administrator (if other than sponsor)

2b Administrator's employer identification no.

Address (number and street)

City or town, state, and ZIP code

3a Name of plan

3b Plan number ▶

4 Have you notified each separated participant of his or her deferred benefit? . . . . . ☐ **Yes** ☐ **No**

5 Separated participants with deferred vested benefits (if additional space is required, see instruction, "What To File"):

(a) Social Security Number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
					Defined contribution plan		
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	(f) Units or shares	(g) Total value of account	

The Following Information Is Optional (See Specific Instruction 6)

6 Use this item to report (i) separated participants with deferred vested benefits who were previously reported on Schedule SSA (Form 5500) and who have received part or all of their vested benefits or who have forfeited their benefits during the plan year for which this form is being filed, and (ii) to delete participants erroneously reported on a prior Schedule SSA (Form 5500).

Note: *Participants listed in this item, because they have received part of their vested benefits, must also be reported in item 5 above listing their remaining vested benefits.*

(a) Social Security Number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
					Defined contribution plan		
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	(f) Units or shares	(g) Total value of account	

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Date **Signature of plan administrator**

General Instructions

Note: *Please type or print all information and submit original copy only.*

Who Must File.—The plan administrator must file this form for any plan year for which a separated plan participant is reported under "When To Report a Separated Participant" below.

What To File.—File this schedule and complete all items. If you need more space, use additional copies of Schedule SSA, completing only items 1, 3, 5, and 6 of the additional copies.

A machine-generated computer listing showing the information required in items 5 and 6 may be submitted in lieu of completing items 5 and 6 on the schedule. Complete items 1 through 4 on Schedule SSA and enter in items 5 and 6 a statement that a list is attached. On each page of the computer list, enter the name of the sponsor, the EIN, the plan name, and the plan number. The list must be in the same format as items 5 and 6.

How To File.—File as an attachment to Form 5500, 5500-C, or 5500-R.

When To Report a Separated Participant.—

In general, ***for a plan to which only one employer contributes,*** a participant must be reported on Schedule SSA if:

(1) The participant separates from service covered by the plan in a plan year, and

(2) The participant is entitled to a deferred vested benefit under the plan.

The separated participant must be reported no later than on the Schedule SSA filed for the plan year following the plan year in which separation occurred. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which separation occurred). Once separated participants have been reported on a Schedule SSA they should not be reported on a subsequent year's Schedule SSA.

However, a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed (including any extension of time for filing), the participant:

(1) Is paid some or all of the deferred vested retirement benefit,

(2) Returns to service covered by the plan, or

(3) Forfeits all of the deferred vested retirement benefit.

In general, ***for a plan to which more than one employer contributes,*** a participant must be reported on Schedule SSA if:

(1) The participant incurs two successive one-year breaks in service (as defined in the plan for vesting purposes) in service computation periods, and

(2) The participant is (or may be) entitled to a deferred vested benefit under the plan.

The participant must be reported no later than on the Schedule SSA filed for the plan year in which the participant completed the second of the two consecutive one-year breaks in service. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which he or she separated from service or completed the first one-year break in service).

However, a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed (including any extension of time for filing), the participant:

(1) Is paid some or all of the deferred vested retirement benefit,

(2) Accrues additional retirement benefits under the plan, or

(3) Forfeits all of the deferred vested retirement benefit.

Cessation of Payment of Benefits.—As described above in "When To Report a Separated Participant," a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed, some of the deferred vested benefit to which the participant is entitled is paid to the participant. If payment of the deferred vested benefit ceases before all of the benefit is paid to the participant, the benefit to which the participant remains entitled must be reported on the Schedule SSA filed for the plan year following the last plan year within which any of the benefit was paid to the participant. However, a participant is not required to be reported on Schedule SSA on account of a cessation of payment of benefits if, before the date the schedule is required to be filed (including any extension of time for filing), the participant:

(1) Returns to service covered by the plan,

(2) Accrues additional retirement benefits under the plan, or

(3) Forfeits the remaining benefit.

Separation of a Re-employed Employee.— The deferred vested benefit reported on the current Schedule SSA for a re-employed employee who is again separated from service must include only the benefit not previously reported in or for prior years. Generally, the benefit to be shown on the current filing will be the benefit earned during the re-employment period.

Caution: *A penalty may be assessed if Schedule SSA (Form 5500) is not timely filed.*

Specific Instructions

4. Check "Yes" if you have complied with the requirements of Code section 6057(e). The notification to each participant must include the information set forth on this schedule and the information with respect to any contributions made by the participant and not withdrawn by the end of the plan year. Any benefits that are forfeitable if the participant dies before a certain date must be shown on the statement.

5(a). Please be careful to enter the exact social security number of each participant listed.

If the participant is a foreign national employed outside of the United States who does not have a social security number, enter the participant's nationality.

5(b). Enter each participant's name exactly as it appears on the participant's social security card or the employer's payroll records for purposes of reporting to the Social Security Administration.

5(c). From the following list, select the code that describes the type of annuity that will be provided for the participant. The type of annuity to be entered is the type that normally accrues under the plan at the time of the participant's separation from service covered by the plan (or for a plan to which more than one employer contributes at the time the participant incurs the second consecutive one-year break in service under the plan).

A A single sum

B Annuity payable over fixed number of years

C Life annuity

D Life annuity with period certain

E Cash refund life annuity

F Modified cash refund life annuity

G Joint and last survivor life annuity

M Other

5(d). From the following list, select the code that describes the benefit payment frequency during a 12-month period.

A Lump sum

B Annually

C Semiannually

D Quarterly

E Monthly

M Other

5(e). For a defined benefit plan, enter the amount of the periodic payment that a participant would normally be entitled to receive under 5(c), commencing at normal retirement age. However, if it is more expedient to show the amount of periodic payment the participant would be entitled to receive at early retirement date, enter that amount.

For a plan to which more than one employer contributes, if the amount of the periodic payment cannot be accurately determined because the plan administrator does not maintain complete records of covered service, enter an estimated amount and add the letter "X" in column 5(c) in addition to the annuity code to indicate that it is an estimate. If, from records maintained by the plan administrator, it cannot be determined whether the participant is entitled to any deferred vested benefit, but there is reason to believe he or she may be entitled, leave column 5(e) blank and enter "Y" in column 5(c) in addition to the annuity code.

5(f). For a defined contribution plan, if the plan states that a participant's share of the fund will be determined on the basis of units, enter the number of units credited to the participant.

If, under the plan, participation is determined on the basis of shares of stock of the employer, enter the number of shares and add the letter "S" to indicate shares. A number without the "S" will be interpreted to mean units.

5(g). For defined contribution plans, enter the value of the participant's account at the time of separation.

6. If, after a participant has been reported on Schedule SSA, the participant:

(1) is paid some or all of the deferred vested retirement benefit, or

(2) forfeits all of the deferred vested retirement benefit,

the plan administrator may, at its option, request that the participant's deferred vested benefit be deleted from Social Security Administration's records. Information reported in item 6, columns (a) through (g), is to be the exact information previously reported on Schedule SSA for the participant.

If this option is chosen because the participant is paid some of the deferred vested benefit, the reporting requirements described in "Cessation of Payment of Benefits" above apply if payment of the benefit ceases before all of the benefit is paid to the participant.

Also, if a person was erroneously reported on a prior Schedule SSA, use item 6 to delete this information from Social Security Administration's records.

Signature.—This form must be signed by the plan administrator. If more than one Schedule SSA is filed for one plan, only page one should be signed.

SCHEDULE P (Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

▶ **File as an attachment to Form 5500, 5500-C, 5500-R, or 5500EZ.**
▶ **For the Paperwork Reduction Notice, see page 1 of the Form 5500 instructions.**

OMB No. 1210-0016

1988

For trust calendar year 1988 or fiscal year beginning , 1988, and ending , 19

Please type or print

1 a Name of trustee or custodian

b Address (number and street)

c City or town, state, and ZIP code

2 Name of trust

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)? ☐ Yes ☐ No

5 Enter the plan sponsor's employer identification number as shown on the form to which this schedule is attached ▶

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Date ▶ Signature of fiduciary ▶

Instructions

(Section references are to the Internal Revenue Code.)

A. Purpose of Form

You may use this schedule to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

The filing of this form will also start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) which is exempt from tax under section 501(a).

B. Who May File

(1) Every trustee of a trust described in section 401(a) which was created as part of an employee benefit plan.
(2) Every custodian of a custodial account described in section 401(f).

C. How To File

File Schedule P (Form 5500) for the trust year ending with or within any participating plan s plan year as an attachment to the Form 5500, 5500-C, 5500-R, or 5500EZ filed by the plan for that plan year.

Schedule P (Form 5500) may be filed only as an attachment to a Form 5500, 5500-C, 5500-R, or 5500EZ. A separately filed Schedule P (Form 5500) will not be accepted.

If the trust or custodial account is used by more than one plan, file only one Schedule P (Form 5500). It must be filed as an attachment to one of the participating plan's returns/reports. If a plan uses more than one trust or custodial account for its funds, file one Schedule P (Form 5500) for each trust or custodial account.

D. Signature

The fiduciary (trustee or custodian) must sign this schedule. If there is more than one fiduciary, one of them, authorized by the others, may sign.

E. Other Returns and Forms That May Be Required

(1) Form 990-T.—For trusts described in section 401(a), a tax is imposed on income derived from business that is unrelated to the purpose for which the trust received a tax exemption. Report such income and tax on **Form 990-T,** Exempt Organization Business Income Tax Return. (See sections 511 through 514 and related regulations.)

(2) Forms W-2P and 1099-R.—If you made payments or distributions to individual beneficiaries of a plan, report these payments on Forms W-2P or 1099-R. (See sections 6041 and 6047 and related regulations.)

(3) Forms 941 or 941E.—If you made payments of distributions to individual beneficiaries of a plan, you are required to withhold income tax from those payments unless the payee elects not to have the tax withheld. Report this withholding on Form 941 or 941E. (See Forms 941 or 941E and Circular E, Publication 15.)

SCHEDULE P (Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

▶ **File as an attachment to Form 5500, 5500-C, 5500-R, or 5500EZ.**
▶ **For the Paperwork Reduction Notice, see page 1 of the Form 5500 instructions.**

OMB No. 1210-0016

1988

For trust calendar year 1988 or fiscal year beginning , 1988, and ending , 19

Please type or print

1 a Name of trustee or custodian

b Address (number and street)

c City or town, state, and ZIP code

2 Name of trust

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)? ☐ Yes ☐ No

5 Enter the plan sponsor's employer identification number as shown on the form to which this schedule is attached ▶

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Date ▶ Signature of fiduciary ▶

Instructions

(Section references are to the Internal Revenue Code.)

A. Purpose of Form

You may use this schedule to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

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B. Who May File

(1) Every trustee of a trust described in section 401(a) which was created as part of an employee benefit plan.
(2) Every custodian of a custodial account described in section 401(f).

C. How To File

File Schedule P (Form 5500) for the trust year ending with or within any participating plan's plan year as an attachment to the Form 5500, 5500-C, 5500-R, or 5500EZ filed by the plan for that plan year.

Schedule P (Form 5500) may be filed only as an attachment to a Form 5500, 5500-C, 5500-R, or 5500EZ. A separately filed Schedule P (Form 5500) will not be accepted.

If the trust or custodial account is used by more than one plan, file only one Schedule P (Form 5500). It must be filed as an attachment to one of the participating plan's returns/reports. If a plan uses more than one trust or custodial account for its funds, file one Schedule P (Form 5500) for each trust or custodial account.

D. Signature

The fiduciary (trustee or custodian) must sign this schedule. If there is more than one fiduciary, one of them, authorized by the others, may sign.

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(3) Forms 941 or 941E.—If you made payments of distributions to individual beneficiaries of a plan, you are required to withhold income tax from those payments unless the payee elects not to have the tax withheld. Report this withholding on Form 941 or 941E. (See Forms 941 or 941E and Circular E, Publication 15.)

Liabilities include among other things:

(1) Benefit claims payable—claims that have been processed and approved for payment but have not been paid.

(2) Accounts payable—obligations owed by the plan that were incurred in the normal operations of the plan and have been approved for payment but not been paid.

(3) Other liabilities—such as acquisition indebtedness and any other amount owed by the plan.

Liabilities. Do not include the value of future pension payments.

30g. Enter total amount of claims which have been processed and approved for payment directly from the trust but have not been paid. Do not include the value of future pension payments.

30h. Acquisition Indebtedness.—Acquisition indebtedness, for debt-financed property other than real property, means the outstanding amount of the principal debt incurred:

(1) by the organization in acquiring or improving the property;

(2) before the acquisition or improvement of the property if the debt was incurred only to acquire or improve the property; or

(3) after the acquisition or improvement of the property if the debt was incurred only to acquire or improve the property and was reasonably foreseeable at the time of such acquisition or improvement.

For further explanation, see Code section 514(c).

31a(i). If the plan is on the accrual basis, enter the amount of contributions received or accrued.

31b. Show current value, at date contributed, of securities or other noncash property contributed to the plan.

31g. If distributions include securities or other property, show the current value at date distributed in this figure.

31h. Report all administrative expenses paid by or charged to the plan, including those which were not subtracted from the gross income of master trust investment accounts and 103-12 IEs in determining their net investment gain(s) or loss(es).

For purposes of a filing required only because of Code section 6039D, do not include overhead expenses such as utilities and photocopying expenses. Also, if filing for an educational assistance program described in Code section 127, do not include expenses for job-related training which are deductible under Code section 162.

Codes for Principal Business Activity and Principal Product or Service

These industry titles and definitions are based, in general, on the Enterprise Standard Industrial Classification System authorized by the Regulatory and Statistical Analysis Division, Office of Information and Regulatory Affairs, Office of Management and Budget, to classify enterprises by type of activity in which they are engaged.

Code

AGRICULTURE, FORESTRY, AND FISHING

0120 Field crop.
0150 Fruit, tree nut, and vegetable.
0180 Horticultural specialty.
0230 Livestock.
0270 Animal specialty.

Agricultural services and forestry:

0740 Veterinary services.
0750 Animal services, except veterinary.
0780 Landscape and horticultural services.
0790 Other agricultural services.
0800 Forestry.

Farms:

Fishing, hunting, and trapping:

0930 Commercial fishing, hatcheries, and preserves.
0970 Hunting, trapping, and game propagation.

MINING

Metal mining:

1010 Iron ores.
1070 Copper, lead and zinc, gold and silver ores.
1098 Other metal mining.
1150 Coal mining.

Oil and gas extraction:

1330 Crude petroleum, natural gas, and natural gas liquids.
1380 Oil and gas field services.

Nonmetallic minerals (except fuels) mining:

1430 Dimension, crushed and broken stone; sand and gravel.
1498 Other nonmetallic minerals, except fuels.

CONSTRUCTION

General building contractors and operative builders:

1510 General building contractors.
1531 Operative builders.

Heavy construction contractors:

1611 Highway and street construction.
1620 Heavy construction, except highway.

Special trade contractors:

1711 Plumbing, heating, and air conditioning.
1721 Painting, paperhanging, and decorating.
1731 Electrical work.
1740 Masonry, stonework, and plastering.
1750 Carpentering and flooring.
1761 Roofing and sheet metal work.
1771 Concrete work.
1781 Water well drilling.
1790 Miscellaneous special trade contractors.

MANUFACTURING

Food and kindred products:

2010 Meat products.
2020 Dairy products.
2030 Preserved fruits and vegetables.
2040 Grain mill products.
2050 Bakery products.
2060 Sugar and confectionery products.
2081 Malt liquors and malt.
2088 Alcoholic beverages, except malt liquors and malt.
2089 Bottled soft drinks and flavorings.
2096 Other food and kindred products.
2100 Tobacco manufacturers.

Textile mill products:

2228 Weaving mills and textile finishing.
2250 Knitting mills.
2298 Other textile mill products.

Apparel and other textile products:

2315 Men's and boys' clothing.
2345 Women's and children's clothing.
2388 Hats, caps, millinery, fur goods, and other apparel and accessories.
2390 Misc. fabricated textile products.

Code

Lumber and wood products:

2415 Logging camps and logging contractors, sawmills, and planing mills.
2430 Millwork, plywood, and related products.
2498 Other wood products, including wood buildings and mobile homes.
2500 Furniture and fixtures.

Paper and allied products:

2625 Pulp, paper, and board mills.
2699 Other paper products.

Printing, publishing, and allied industries:

2710 Newspapers.
2720 Periodicals.
2735 Books, greeting cards, and miscellaneous publishing.
2799 Commercial and other printing, and printing trade services.

Chemical and allied products:

2815 Industrial chemicals, plastics materials, and synthetics.
2830 Drugs.
2840 Soap, cleaners, and toilet goods.
2850 Paints and allied products.
2898 Agricultural and other chemical products.

Petroleum refining and related industries (including those integrated with extraction):

2910 Petroleum refining (including those integrated with extraction).
2998 Other petroleum and coal products.

Rubber and misc. plastics products:

3050 Rubber products, plastics footwear, hose, and belting.
3070 Misc. plastics products.

Leather and leather products:

3140 Footwear, except rubber.
3198 Other leather and leather products.

Stone, clay, glass, and concrete products:

3225 Glass products.
3240 Cement, hydraulic.
3270 Concrete, gypsum, and plaster products.
3298 Other nonmetallic mineral products.

Primary metal industries:

3370 Ferrous metal industries; miscellaneous primary metal products.
3380 Nonferrous metal industries.

Fabricated metal products, except machinery and transportation equipm

3410 Metal cans and shipping containers.
3428 Cutlery, hand tools, and hardware; screw machine products, bolts, and similar products.
3430 Plumbing and heating, except electric and warm air.
3440 Fabricated structural metal products.
3460 Metal forgings and stampings.
3470 Coating, engraving, and allied services.
3480 Ordnance and accessories, except vehicles and guided missiles.
3490 Misc. fabricated metal products.

Machinery, except electrical:

3520 Farm machinery.
3530 Construction, mining and materials handling machinery, and equipment.
3540 Metalworking machinery.
3550 Special industry machinery, except metalworking machinery.
3560 General industrial machinery.
3570 Office, computing, and accounting machines.
3598 Engines and turbines, service industry machinery, and other machinery, except electrical.

Code

Electrical and electronic machinery, equipment, and supplies:

3630 Household appliances.
3665 Radio, television, and communication equipment.
3670 Electronic components and accessories.
3698 Other electric equipment.

Transportation equipment:

3710 Motor vehicles and equipment.
3725 Aircraft, guided missiles, and parts.
3730 Ship and boat building and repairing.
3798 Other transportation equipment.

Measuring and controlling instruments; photographic and medical goods, watches and clocks:

3815 Scientific instruments and measuring devices; watches, and clocks.
3845 Optical, medical, and ophthalmic goods.
3860 Photographic equipment and supplies.
3998 Other manufacturing products.

TRANSPORTATION, COMMUNICATION, ELECTRIC, GAS, SANITARY SERVICES

Transportation:

4000 Railroad transportation.

Local and interurban passenger transit:

4121 Taxicabs.
4189 Other passenger transportation.

Trucking and warehousing:

4210 Trucking, local and long distance.
4289 Public warehousing and trucking terminals.

Other transportation including transportation services:

4400 Water transportation.
4500 Transportation by air.
4600 Pipelines, except natural gas.
4722 Passenger transportation arrangement.
4723 Freight transportation arrangement.
4799 Other transportation services.

Communication:

4825 Telephone, telegraph, and other communication services.
4830 Radio and television broadcasting.

Electric, gas, and sanitary services:

4910 Electric services.
4920 Gas production and distribution.
4930 Combination utility services.
4990 Water supply and other sanitary services.

WHOLESALE TRADE

Durable:

5010 Motor vehicles and automotive equipment.
5020 Furniture and home furnishings.
5030 Lumber and construction materials.
5040 Sporting, recreational, photographic, and hobby goods, toys, and supplies.
5050 Metals and minerals, except petroleum and scrap.
5060 Electrical goods.
5070 Hardware, plumbing, and heating equipment.
5083 Farm machinery and equipment.
5089 Other machinery, equipment, and supplies.
5098 Other durable goods.

Nondurable:

5110 Paper and paper products.
5129 Drugs, drug proprietaries, and druggists' sundries.
5130 Apparel, piece goods, and notions.
5140 Groceries and related products, except meats and meat products.
5147 Meats and meat products.
5150 Farm product raw materials.
5160 Chemicals and allied products.
5170 Petroleum and petroleum products.
5180 Alcoholic beverages.
5190 Miscellaneous nondurable goods.

Code

RETAIL TRADE

Building materials hardware, garden supply, and mobile home dealers:

5211 Lumber and other building materials dealers.
5231 Paint, glass and wallpaper stores.
5251 Hardware stores.
5261 Retail nurseries and garden stores.
5271 Mobile home dealers.

General merchandise:

5331 Variety stores.
5398 Other general merchandise stores.

Food stores:

5411 Grocery stores.
5420 Meat and fish markets and freezer provisioners.
5431 Fruit stores and vegetable markets.
5441 Candy, nut, and confectionery stores.
5451 Dairy products stores.
5460 Retail bakeries.
5490 Other food stores.

Automotive dealers and service stations:

5511 New car dealers (franchised).
5521 Used car dealers.
5531 Auto and home supply stores.
5541 Gasoline service stations.
5551 Boat dealers.
5561 Recreational vehicle dealers.
5571 Motorcycle dealers.
5599 Aircraft and other automotive dealers.

Apparel and accessory stores:

5611 Men's and boys' clothing and furnishings.
5621 Women's ready-to-wear stores.
5631 Women's accessory and specialty stores.
5641 Children's and infants' wear stores.
5651 Family clothing stores.
5661 Shoe stores.
5681 Furriers and fur shops.
5699 Other apparel and accessory stores.

Furniture, home furnishings, and equipment stores:

5712 Furniture stores.
5713 Floor covering stores.
5714 Drapery, curtain, and upholstery stores.
5719 Home furnishings, except appliances.
5722 Household appliance stores.
5732 Radio and television stores.
5733 Music stores.

Eating and drinking places:

5812 Eating places.
5813 Drinking places.

Miscellaneous retail stores:

5912 Drug stores and proprietary stores.
5921 Liquor stores.
5931 Used merchandise stores.
5941 Sporting goods stores and bicycle shops.
5942 Book stores.
5943 Stationery stores.
5944 Jewelry stores.
5945 Hobby, toy, and game shops.
5946 Camera and photographic supply stores.
5947 Gift, novelty, and souvenir shops.
5948 Luggage and leather goods stores.
5949 Sewing, needlework, and piece goods stores.
5961 Mail order houses.
5962 Merchandising machine operators.
5963 Direct selling organizations.
5982 Fuel and ice dealers (except fuel oil and bottle gas dealers).
5983 Fuel oil dealers.
5984 Liquefied petroleum gas (bottled gas).
5992 Florists.
5993 Cigar stores and stands.
5994 News dealers and newsstands.
5996 Other miscellaneous retail stores.

Code

FINANCE, INSURANCE, AND REAL ESTATE

Banking:

6030 Mutual savings banks.
6060 Banking holding companies.
6090 Banks, except mutual savings banks and bank holding companies.

Credit agencies other than banks:

6120 Savings and loan associations.
6140 Personal credit institutions.
6150 Business credit institutions.
6199 Other credit agencies.

Security, commodity brokers, dealers, exchanges, and services:

6212 Security underwriting syndicates.
6218 Security brokers and dealers, except underwriting syndicates.
6299 Commodity contracts brokers and dealers; security and commodity exchanges; and allied services.

Insurance:

6355 Life insurance.
6356 Mutual insurance, except life or marine and certain fire or flood insurance companies.
6359 Other insurance companies.
6411 Insurance agents, brokers, and services.

Real estate:

6511 Real estate operators (except developers) and lessors of buildings.
6516 Lessors of mining, oil, and similar property.
6518 Lessors of railroad property and other real property.
6531 Real estate agents, brokers and managers.
6541 Title abstract offices.
6552 Subdividers and developers, except cemeteries.
6553 Cemetery subdividers and developers.
6599 Other real estate.
6611 Combined real estate, insurance, loans and law offices.

Holding and other investment companies:

6742 Regulated investment companies.
6743 Real estate investment trusts.
6744 Small business investment companies.
6749 Holding and other investment companies, except bank holding companies.

SERVICES

Hotels and other lodging places:

7012 Hotels.
7013 Motels, motor hotels, and tourist courts.
7021 Rooming and boarding houses.
7032 Sporting and recreational camps.
7033 Trailer parks and camp sites.
7041 Organizational hotels and lodging houses on a membership basis.

Personal services:

7215 Coin-operated laundries and dry cleaning.
7219 Other laundry, cleaning and garment services.
7221 Photographic studios, portrait.
7231 Beauty shops.
7241 Barber shops.
7251 Shoe repair and hat cleaning shops.
7261 Funeral services and crematories.
7299 Miscellaneous personal services.

Business services:

7310 Advertising.
7340 Services to buildings.
7370 Computer and data processing services.
7392 Management, consulting, and public relations services.
7394 Equipment rental and leasing.
7398 Other business services.

Code

Automotive repair and services:

7510 Automotive rentals and leasing, without drivers.
7520 Automobile parking.
7531 Automobile top and body repair shops.
7538 General automobile repair shops.
7539 Other automobile repair shops.
7540 Automobile services, except repair.

Miscellaneous repair services:

7622 Radio and TV repair shops.
7628 Electrical repair shops, except radio and TV.
7641 Reupholstery and furniture repair.
7680 Other miscellaneous repair shops.

Motion pictures:

7812 Motion picture production, distribution, and services.
7830 Motion picture theaters.

Amusement and recreation services:

7920 Producers, orchestras, and entertainers.
7932 Billiard and pool establishments.
7933 Bowling alleys.
7980 Other amusement and recreation services.

Medical and health services:

8011 Offices of physicians.
8021 Offices of dentists.
8031 Offices of osteopathic physicians.
8041 Offices of chiropractors.
8042 Offices of optometrists.
8048 Registered and practical nurses.
8050 Nursing and personal care facilities.
8060 Hospitals.
8071 Medical laboratories.
8072 Dental laboratories.
8098 Other medical and health services.

Other services:

8111 Legal services.
8200 Educational services.
8911 Engineering and architectural services.
8932 Certified public accountants.
8933 Other accounting, auditing, and bookkeeping services.
8999 Other services, not elsewhere classified.

TAX-EXEMPT ORGANIZATIONS

9002 Church plans making an election under section 410(d) of the Internal Revenue Code.
9319 Other tax-exempt organizations.
9904 Governmental instrumentality or agency.

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

1988 Instructions for Form 5500-R

Registration Statement of Employee Benefit Plan (With fewer than 100 participants)

(Code references are to the Internal Revenue Code. ERISA refers to the Employee Retirement Income Security Act of 1974.)

Paperwork Reduction Act Notice.—We ask for this information to carry out the law as specified in ERISA and Code section 6039D. We need it to determine whether the plan is operating according to the law. You are required to give us this information.

The time needed to complete and file the forms listed below reflect the combined requirements of the Internal Revenue Service, Department of Labor, Pension Benefit Guaranty Corporation and the Social Security Administration. These times will vary depending on individual circumstances. The estimated average times are:

	Recordkeeping	Learning about the law or the form	Preparing the form	Copying, assembling, and sending the form to IRS
Form 5500-R	13 hrs., 26 min.	3 hrs., 37 min.	5 hrs., 50 min.	32 min.
Schedule A (Form 5500)	17 hrs., 28 min.	28 min.	1 hr., 42 min.	16 min.
Schedule B (Form 5500)	25 hrs., 50 min.	1 hr.	1 hr., 27 min.	-----
Schedule P (Form 5500)	2 hrs., 9 min.	1 hr., 24 min.	1 hr., 29 min.	-----
Schedule SSA (Form 5500)	6 hrs., 42 min.	12 min.	19 min.	-----

If you have comments concerning the accuracy of these time estimates or suggestions for making these forms more simple, we would be happy to hear from you. You can write to the **Internal Revenue Service,** Washington, DC 20224, Attention: IRS Reports Clearance Officer, TR:FP; or the **Office of Management and Budget,** Paperwork Reduction Project, Washington, DC 20503.

File 1988 forms for plan years that started in 1988. If the plan year differs from the calendar year, fill in the fiscal year space just under the form title. For a short plan year, see instruction B, Section 1.

Reminder: In addition to filing this form with IRS, plans covered by the Pension Benefit Guaranty Corporation termination insurance must file their Annual Premium Payment, PBGC Form 1, directly with that agency.

Penalties.—ERISA and the Code provide for the assessment and imposition of penalties for not giving complete information and not filing statements and returns/reports. Certain penalties are administrative; that is, they may be imposed or assessed by one of the governmental agencies delegated to administer the collection of Form 5500 series data. Others require a legal conviction.

A. Administrative Penalties.—Listed below are various penalties for not meeting the Form 5500 series filing requirements. One or more of the following five penalties may be imposed or assessed in the event of incomplete filings and/or filings received after the date they are due unless it is determined that your explanation for failure to file properly is for reasonable cause:

1. A penalty of up to $1,000 a day for each day a plan administrator fails or refuses to file a complete return/report. See ERISA section 502(c)(2) and 29 CFR 2560.502c-2.
2. A penalty of $25 a day (up to $15,000) for not filing returns for certain plans of deferred compensation, certain trusts and annuities, and bond purchase plans by the due date(s). See Code section 6652(e). This penalty also applies to returns required to be filed under Code section 6039D.
3. A penalty of $1 a day (up to $5,000) for each participant for whom a registration statement (Schedule SSA (Form 5500)) is required but not filed. See Code section 6652(d)(1).
4. A penalty of $1 a day (up to $1,000) for not filing a notification of change of status of a plan. See Code section 6652(d)(2).
5. A penalty of $1,000 for not filing an actuarial statement. See Code section 6692.

B. Other Penalties.

1. Any individual who willfully violates any provision of Part 1 of Title I of ERISA shall be fined not more than $5,000 or imprisoned not more than 1 year, or both. See ERISA section 501.
2. A penalty up to $10,000, 5 years imprisonment, or both, for making any false statement or representation of fact, knowing it to be false, or for knowingly concealing or not disclosing any fact required by ERISA. See section 1027, Title 18, U.S. Code, as amended by section 111 of ERISA.

How To Use This Instruction Booklet

The instructions are divided into four main sections.

Section 1 — Page

A. Who Must File 1
B. When To File 1
Due date. 1
Extension of Time to file 1
C. Where To File 2

Section 2

What To File 2
Forms 2
Schedules 2
Other Filings 3

Section 3

General Information—Final return/report; signature and date; reproductions; change in plan year; and amended return/report . . 3

Section 4

Specific Instructions for Form 5500-R listed in numerical sequence 3

Section 1

A. Who Must File.—Any administrator or sponsor of an employee benefit plan subject to ERISA must file information about each such plan **every year** (Code section 6058 and ERISA sections 104 and 4065). Also required to file, for each year, is every employer maintaining a specified fringe benefit plan as described in Code section 6039D. The Internal Revenue Service (IRS), Department of Labor (DOL), and Pension Benefit Guaranty Corporation (PBGC) have consolidated their returns and report forms to minimize the filing burden for plan administrators and employers. The chart on page 4 gives a brief guide to the type of return/report to be filed.

Reminder. Form 5500-R cannot be filed unless the plan has filed a Form 5500-C for at least one of the two immediately preceding plan years. The exclusions from the filing requirements for Form 5500-R and Form 5500-C are identical. See Form 5500-C instructions.

B. When To File.—File all required forms and schedules by the last day of the 7th month after the plan year ends. For a short plan year, file the form and applicable schedules by the last day of the 7th month after the short plan year ends. For purposes of this return/report, the short plan year ends upon the date of the change in accounting period or upon the complete distribution of the assets of the plan. (Also see Section 3.) If the current year Form 5500-R is not available before the due date of your short plan year return/report, use the latest year form available and change the date printed on the return/report to the current year. Also show the dates your short plan year began and ended.

Request for Extension of Time To File.— An extension of time up to 2½ months may be granted for filing returns/reports if **Form 5558,** Application for Extension of Time To File Certain Employee Plan Returns, is filed before the normal due date of the return/report.

Exception. *Single-employer plans and plans of a controlled group of corporations that file consolidated Federal income tax returns are automatically granted an extension of time to file Form 5500, 5500-C, or 5500-R to the due date of the Federal income tax return of the single employer or controlled group of corporations if all the following conditions are met:*

1. The plan year and the tax year coincide.

2. The single employer or the controlled group has been granted an extension of time to file its Federal income tax return to a date later than the normal due date for filing the Form 5500, 5500-C, or 5500-R.

3. A copy of the IRS extension of time to file the Federal income tax return is attached to each Form 5500, 5500-C, or 5500-R filed with IRS.

Note: *An extension of time to file the return/report does not operate as an extension of time to file the PBGC Form 1.*

C. Where To File.—Please file the return/report with the Internal Revenue Service Center indicated below. No street address is needed.

If the principal office of the plan sponsor or the plan administrator is located in ▼	Use the following Internal Revenue Service Center address ▼
Connecticut, Delaware, District of Columbia, Foreign Address, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virginia	Holtsville, NY 00501
Alabama, Alaska, Arkansas, California, Florida, Georgia, Hawaii, Idaho, Louisiana, Mississippi, Nevada, North Carolina, Oregon, South Carolina, Tennessee, Washington	Atlanta, GA 39901
Arizona, Colorado, Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, Texas, Utah, West Virginia, Wisconsin, Wyoming	Memphis, TN 37501
All Form 5500EZ filers	Andover, MA 05501

Investment arrangements filing directly with DOL should file using the applicable address:

(1) Common/Collective Trust (OR)
Pooled Separate Account
Pension and Welfare Benefits Administration
U.S. Department of Labor
Room N5644
200 Constitution Avenue, NW.
Washington, DC 20210

(2) Master Trust
Pension and Welfare Benefits Administration
U. S. Department of Labor
Room N5644
200 Constitution Avenue, NW.
Washington, DC 20210

(3) 103-12 Investment Entity
Pension and Welfare Benefits Administration
U. S. Department of Labor
Room N5644
200 Constitution Avenue NW.
Washington, DC 20210

Section 2

What To File

The circumstances that dictate which form should be filed are described below. In addition, there are schedules that may need to be attached to the return/report. These are also described below. A brief guide illustrating which forms and schedules are required by different types of plans and filers may be found on page 4. Finally, this section also contains a description of special filing requirements for plans that invest in certain investment arrangements.

Forms

Form 5500.—File **Form 5500**, Annual Return/Report of Employee Benefit Plan, annually for each plan with 100 or more participants at the beginning of the plan year.

Form 5500-C.—File **Form 5500-C,** Return/Report of Employee Benefit Plan, for each pension benefit plan, welfare benefit plan, and fringe benefit plan (unless otherwise exempted) with fewer than 100 participants (one-participant plans see "Form 5500EZ", below) at the beginning of the plan year. File Form 5500-C for the first plan year, the year for which the final return/report is due, and for plan years in which a Form 5500-R is not filed as explained below.

Form 5500EZ.—**Form 5500EZ**, Annual Return of One-Participant Pension Benefit Plan, should be filed by most one-participant plans.

A one-participant plan is: (1) a pension benefit plan that covers only an individual or an individual and his or her spouse who wholly own a trade or business, whether incorporated or unincorporated; or (2) a pension benefit plan for a partnership that covers only the partners or the partners and the partners' spouses.

See Form 5500EZ and its instructions to see if the plan meets the requirements for filing the form.

Form 5500-R.—**Form 5500-R,** Registration Statement of Employee Benefit Plan (with fewer than 100 participants), may be filed instead of a Form 5500-C for this plan year provided: (a) this is not the first plan year, (b) this is not a year for which the final return/report is due, and (c) a Form 5500-C has been filed for one of the prior 2 plan years. The Form 5500-R should not be filed if: (a) this plan year is the first plan year, (b) this is the plan year for which a final return/report is due, or (c) the Form 5500-R has been filed for both of the prior 2 plan years.

Any plan may choose not to file Form 5500-R if the plan files the Form 5500-C instead.

Note: *Generally, under the filing requirements explained above, if the number of plan participants increases from under 100 to 100 or more, or decreases from 100 or more to under 100, from one year to the next, you would have to file a different form from that filed the previous year. However, there is an exception to this rule. You may file the same form you filed last year, even if the number of participants changed, provided that at the beginning of this plan year the plan had at least 80 participants, but not more than 120.*

Items To Be Completed on Form 5500-R

Certain kinds of plans and certain kinds of filers that are required to submit Form 5500-R are not required to complete the entire form. These are described below, by type of plan. Check the list of headings to see if your plan is affected.

1. Welfare Benefit Plans.—Welfare benefit plans must complete the following items on the Form 5500-R: 1 through 6c; 7a; 8a and b; 9; 10; 11; and 13 through 15.

2. Fringe Benefit Plans—A Form 5500-R filed only because of Code section 6039D (i.e., for a fringe benefit plan) need complete only items 1 through 6, 7a, and 14b.

If the plan is also a welfare benefit plan required to file a Form 5500-R (see "Who Must File" on page 1), complete the above items and those specified for welfare benefit plans in "1" above.

3. Pension Plans—In general, most pension plans (defined benefit and defined contribution) are required to complete all items on the form. However, some items need not be completed by certain types of pension plans, as described below.

a. Plans exclusively using a tax deferred annuity arrangement under Code section 403(b)(1). These plans need only complete items 1 through 5, 6b, and 8.

b. Plans exclusively using a custodial account for regulated investment company stock under Code section 403(b)(7).These plans need only complete items 1 through 5, 6b, and 8.

c. Individual retirement account plan. A pension plan utilizing individual retirement accounts or annuities (as described in Code section 408) as the sole funding vehicle for providing benefits need only complete items 1 through 5, 6b, and 8.

d. Fully insured pension plan. A pension benefit plan providing benefits exclusively through an insurance contract, or contracts that are fully guaranteed, and that meets all of the conditions of 29 CFR 2520.104-44 need only complete items 1 through 12, 14, and 15a and b. A pension plan that includes both insurance contracts of the type described in 29 CFR 2520.104-44 as well as other assets should limit its reporting in item 13 to those other assets.

For purposes of the annual return/report and the alternative method of compliance set forth in 29 CFR 2520.104-44, a contract is considered to be "allocated" only if the insurance company or organization that issued the contract unconditionally guarantees, upon receipt of the required premium or consideration, to provide a retirement benefit of a specified amount, without adjustment for fluctuations in the market value of the underlying assets of the company or organization, to each participant, and each participant has a legal right to such benefits that is legally enforceable directly against the insurance company or organization.

e. Nonqualified plans maintained outside the U.S. — Nonqualified pension benefit plans maintained outside the United States primarily for nonresident aliens required to file a return/report need only complete items 1 through 8 and 11 through 15.

Schedules

The various schedules to be attached to the return/report are listed below.

Note: *All attachments to the Forms 5500, 5500-C, and 5500-R must include the name of the plan and the EIN and plan number as found in items 5a, 1b, and 5c, respectively.*

Attach Schedule A (Form 5500), Insurance Information, to Form 5500, 5500-C, or 5500-R if any benefits under the plan are provided by an insurance company, insurance service, or other similar organization (such as Blue Cross, Blue Shield, or a health maintenance organization).

Exception. *Schedule A (Form 5500) is not needed if the plan covers: (1) only an individual, or an individual and his or her spouse, who wholly owns a trade or business, whether incorporated or*

unincorporated; or (2) a partner in a partnership, or a partner and his or her spouse.

Do not file a Schedule A (Form 5500) with a Form 5500EZ.

Attach Schedule B (Form 5500), Actuarial Information, to Forms 5500, 5500-C, 5500-R, or 5500EZ for most defined benefit pension plans. See instructions for Schedule B.

Schedule SSA (Form 5500), Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits, may be needed for separated participants. See "When To Report Separated Participants" in the instructions for Schedule SSA.

Schedule P (Form 5500), Annual Return of Fiduciary of Employee Benefit Trust, Any fiduciary (trustee or custodian) of an organization that is qualified under Code section 401(a) and exempt from tax under Code section 501(a) who wants to protect the organization under the statute of limitations provided in Code section 6501(a) must file a Schedule P (Form 5500).

File the Schedule P (Form 5500) as an attachment to Form 5500, 5500-C, 5500-R, or 5500EZ for the plan year in which the trust year ends.

Other Filings

Reporting requirements for investment arrangements filing with the Department of Labor (master trusts, common/collective trusts, pooled separate accounts, etc.) are printed in the Form 5500-C instructions under "Other Filings."

Section 3
General Information

Final Return/Report.—If all assets under the plan (including insurance/annuity contracts) have been distributed to the participants and beneficiaries or distributed to another plan (and when all liabilities for which benefits may be paid under a welfare plan have been satisfied), check the "final return" box at the top of the Form 5500 or Form 5500-C filed for such plan. The year of complete distribution is the last year a return/report must be filed for the plan. For purposes of this paragraph, a complete distribution will occur in the year in which the assets of a terminated plan are brought under the control of PBGC.

For a defined benefit plan covered by PBGC, a PBGC Form 1 must be filed and a premium must be paid until the end of the plan year in which the assets are distributed or brought under the control of PBGC.

Filing the return/report marked "final return" and indicating that the plan terminated satisfies the notification requirement of Code section 6057(b)(3)

Signature and Date.—The plan administrator must sign and date all returns/reports filed. In addition the sponsoring employer must sign a return/report filed for a single-employer plan or a plan required to file only because of Code section 6039D.

When a joint employer-union board or committee is the plan sponsor or plan administrator, at least one employer representative and one union representative must sign and date the return/report.

Participating employers in a multiple-employer plan (other), who are required to file Form 5500-C or 5500-R, are required to sign the return/report. The plan administrator need not sign the Form 5500-C or 5500-R filed by the participating employer.

Reproductions.—Original forms are preferable, but a clear reproduction of the completed form is acceptable. Sign the return after it is reproduced. All signatures must be original.

Change in Plan Year.—Generally only defined benefit pension plans need to get prior approval for a change in plan year. (See Code section 412(c)(5).) Rev. Proc.87-27, 1987 CB-1 769 explains the procedure for automatic approval of a change in plan year. A pension benefit plan that would ordinarily need to obtain approval for a change in plan year under Code section 412(c)(5) is granted an automatic approval for a change in plan year if all the following criteria are met:

1. No plan year is more than 12 months long.

2. The change will not delay the time when the plan would otherwise have been required to conform to the requirements of any statute, regulation, or published position of the IRS.

3. The trust, if any, retains its exempt status for the short period required to effect the change, as well as for the taxable year immediately preceding the short period.

4. All actions necessary to implement the change in plan year, including plan amendment and a resolution of the board of directors (if applicable), have been taken on or before the last day of the short period.

5. No change in plan year has been made for any of the preceding plan years.

6. In the case of a defined benefit plan, deductions are taken in accordance with section 5 of Rev. Proc. 87-27.

For the first return/report that is filed following the change in plan year, check item 1d if Form 5500-R is being filed.

Amended Return/Report.—If you file an amended return/report, check the "amended" box at the top of the form. When filing an amended return, be sure to answer all questions and put a circle around the numbers of the items that have been amended.

How the Annual Return/Report Information May Be Used.—All Form 5500 series returns/reports will be subjected to a computerized review. It is, therefore, in the filer's best interest that the responses accurately reflect the circumstances they were designed to report. Annual reports filed under Title I of ERISA must be made available by plan administrators to plan participants and by the Department of Labor to the public pursuant to ERISA section 104.

Section 4
Specific Instructions for Form 5500-R

Important: Complete all items on the Form 5500-R with respect to the plan year, unless otherwise explicitly stated in these item-by-item instructions or on the form itself. Therefore, your responses usually apply to the year entered or printed at the top of the first page of the form.

First Item at the Top of the Form.—Complete the space for dates when:

(1) the 12-month plan year is not a calendar year, or (2) the plan year is less than 12 months (short plan year).

1a. If you did not receive a preaddressed mailing label, enter the name and address of the plan sponsor. If the plan covers only the employees of one employer, enter the employer's name.

If you received a Form 5500-R with a preaddressed mailing label, please attach it in the name and address area of the form you file. If the name or address on the label is wrong, draw a line through the incorrect part and correct it.

The term "plan sponsor" means—

(i) the employer, for an employee benefit plan that a single employer established or maintains;

(ii) the employee organization in the case of a plan of an employee organization; or

(iii) the association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan, if the plan is established or maintained jointly by one or more employers and one or more employee organizations, or by two or more employers.

Include enough information in 1(a) to describe the sponsor adequately. For example, "Joint Board of Trustees of Local 187 Machinists" rather than just "Joint Board of Trustees."

1b. Enter the 9-digit employer identification number (EIN) assigned to the plan sponsor/employer. For example, 00-1234567.

Employers and plan administrators who do not have an EIN should apply for one on Form SS-4, available from most IRS or Social Security Administration offices. Send Form SS-4 to the same Internal Revenue Service Center to which this form will be sent.

Plan sponsors are reminded that they should use the trust EIN when opening a bank account or conducting other transactions for a plan that requires an employer identification number. The trust may apply for an EIN as explained in the preceding paragraph.

A plan of a controlled group of corporations whose sponsor is more than one of the members of the controlled group should insert only the EIN of one of the sponsoring members. This EIN must be used in all subsequent filings.

If the plan administrator is a group of individuals, get a single EIN for the group. When you apply for a number, enter on line 1 of Form SS-4 the name of the group, such as "Joint Board of Trustees of the Local 187 Machinists' Retirement Plan."

Note: *Although Employer Identification Numbers (EINs) for funds (trusts or custodial accounts) associated with plans are not required to be furnished on the Form 5500 series returns/reports, the IRS will issue EINs for such funds for other reporting purposes. EINs may be obtained by filing Form SS-4 as explained in 1b above.*

2a. If the document constituting the plan appoints or designates a plan administrator other than the sponsor, enter the administrator's name and address. If the plan administrator is also the sponsor, enter "Same." If filing as a group insurance arrangement, enter "Same." If 2a is the "Same," then items 2b and 2c should be left blank.

The term "administrator" means—

(i) the person or group of persons specified as the administrator by the instrument under which the plan is operated;

(ii) the plan sponsor/employer if an administrator is not so designated; or

(iii) any other person prescribed by regulations of the Secretary of Labor if an administrator is not designated and a plan sponsor cannot be identified.

2b. A plan administrator must have an EIN for reporting purposes. Enter the plan administrator's 9-digit EIN here. If the plan administrator has no EIN, apply for one as explained in 1b above.

Employees of an employer are not plan administrators unless so designated in the plan document, even though they engage in administrative functions of the plan. If an employee of the employer is designated as the plan administrator, that employee must get an EIN.

3. If you answer "No," enter the name, address, and EIN of the plan sponsor and/or the plan administrator shown on the prior return/report.

3c. Indicate if the change in 3a is only a change in sponsorship. "Change in sponsorship" means the plan's sponsor has been changed but no assets or liabilities have been transferred to another plan(s), the plan has not terminated or merged with any other plan, and so forth.

4b. Check for a plan in which more than one employer participates, and some of the employees are members of a controlled group of corporations (Code section 414(b)) or members of a group of employers under common control (Code section 414(c)).

4c. Check for a multiemployer plan as defined in Code section 414(f) and ERISA sections 3(37) and 4001(a)(3).

4e. Check for a multiple-employer plan (other) filed by the plan administrator for the plan as a whole.

4f. Exceptions to b and e. Each participating employer in a multiple-employer plan (other) pension benefit plan and nonmember employers participating in a plan of a controlled group of corporations or businesses need to file either Form 5500-C or Form 5500-R, regardless of the number of participants. Complete items 1, 2, 3, 4f, 5, 6, 9, and 22 on Form 5500-C, and items 1, 2, 3, 4f, 5, 6, 7, 8a, and 8b on Form 5500-R.

5a. Enter the formal name of the plan, or enough information to identify the plan.

5b. Enter the date the plan first became effective.

5c. Enter the 3-digit number the employer or plan administrator assigned to the plan. All welfare plan numbers and Code section 6039D plan numbers start at 501. All other plans start at 001.

Once you use a plan number, continue to use it for that plan on all future returns/reports. Do not use it for any other plan even if you terminated the first plan.

6a. Defined benefit plan means a pension benefit plan other than a defined contribution plan.

6b. Defined contribution plan means a plan which provides for an individual account for each participant and for benefits based solely on the amount contributed to the participant's account, and any income, expenses, gains and losses, and any forfeitures of accounts of other participants that may be allocated to such participant's account. Examples of defined contribution plans are profit-sharing, stock bonus, and money purchase plans.

6d, e, and f. Plans described in Code section 120 (group legal services plans), check box 6d. Plans described in Code section 125 (cafeteria plans), check box 6e. Programs described in Code section 127 (educational assistance programs), check box 6f.

6j. If your pension plan is not included in 6a or b, check j and specify the applicable Code section. For example, Code section 403(b)(1) annuity arrangements and Code section 408(c) individual retirement account trusts of employers, would check j and enter the applicable Code section 403(b)(1) or 408(c).

6k. Check "unfunded" if the plan is (1) unfunded, (2) fully insured, or (3) a combination of unfunded/insured. For further information, see page 2, section 2B(a) of the Form 5500-C instructions.

7. The definition of "participant" in the instructions below is only for purposes of item 7 of this form.

For welfare plans, dependents are considered to be neither participants nor beneficiaries. For pension benefit plans, "alternate payees" entitled to benefits under a qualified domestic relations order are not to be counted as participants for this item.

"Participant" means any individual who is included in one of the categories below.

(i) Active participants include any individuals who are currently in employment covered by a plan and who are earning or retaining credited service under a plan. This category includes any individuals who are: (A) currently below the integration level in a plan that is integrated with social security, and/or (B) eligible to elect to have the employer make payments to a Code section 401(k) qualified cash or deferred arrangement. Active participants also include any nonvested individuals who are earning or retaining credited service under a plan. This category does not include nonvested former employees who have incurred the greater of 5 consecutive 1 year breaks in service or the break in service period specified in the plan.

For determining if active participants are fully vested, partially vested, or nonvested, consider vesting in employer contributions only.

For purposes of Code section 6039D, "participant" means any individual who, for a plan year, has had at least one dollar excluded from income by reason of Code section 120, 125, or 127. If you are filing Form 5500-R for a plan that is required to file under Title I of ERISA and under Code section 6039D, the preceding sentence does not apply.

Summary of Filing Requirements for Employers and Plan Administrators (File forms ONLY with IRS)

Type of plan	What to file	When to file
Most pension plans with only one participant or one participant and that participant's spouse	Form 5500EZ	File all required forms and schedules for each plan by the last day of the 7th month after the plan year ends.
Pension plan with fewer than 100 participants	Form 5500-C or 5500-R	
Pension plan with 100 or more participants	Form 5500	
Annuity under Code section 403(b)(1) or trust under Code section 408(c)	Form 5500, 5500-C, or 5500-R	
Custodial account under Code section 403(b)(7)	Form 5500, 5500-C, or 5500-R	
Welfare benefit plan with 100 or more participants*	Form 5500	
Welfare benefit plan with fewer than 100 participants (see exception on page 1 of these instructions)*	Form 5500-C or 5500-R	
Pension or welfare plan with 100 or more participants (see Form 5500 instructions)	Financial statements, schedules, and accountant's opinion	
Pension or welfare plan with benefits provided by an insurance company	Schedule A (Form 5500)	
Pension plan that requires actuarial information	Schedule B (Form 5500)	
Plans with 100 or more participants	Schedule C (Form 5500)	
Pension plan filing a registration statement identifying separated participants with deferred vested benefits from a pension plan	Schedule SSA (Form 5500)	

*This includes Code section 6039D filers.

(ii) Inactive participants receiving benefits are any individuals who are retired or separated from employment covered by the plan and who are receiving benefits under the plan. This includes former employees who are receiving group health continuation coverage benefits pursuant to Part 6 of ERISA who are covered by the employee welfare benefit plan. This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.

(iii) Inactive participants entitled to future benefits are individuals who are retired or separated from employment covered by the plan and who are entitled to begin receiving benefits under the plan in the future. This category does not include any individual to whom an insurance company has made an irrevocable commitment to pay all the benefits to which the individual is entitled under the plan.

(iv) Deceased participants are any deceased individuals who have one or more beneficiaries who are receiving or are entitled to receive benefits under the plan. This category does not include an individual if an insurance company has made an irrevocable commitment to pay all the benefits to which the beneficiaries of that individual are entitled under the plan.

7b(l). If "Yes," file Schedule SSA (Form 5500) as an attachment to Form 5500-R.

Plan administrators: Code section 6057(e) provides that the plan administrator must give each participant a statement showing the same information for that participant as is reported on Schedule SSA.

8a. Check "Yes" if the plan was terminated or if the plan was merged or consolidated into another plan. Enter year of termination if applicable.

8b. If the plan was terminated and all trust assets were not distributed, file a return/report for each year the trust has assets. In that case, the return/report must be filed by the plan administrator, if designated, or by the person or persons who actually control the plan's property.

If all assets were used to buy individual annuity contracts and the contracts were distributed to the participants, check "Yes."

If all the trust assets were transferred to another plan, check "Yes."

9. Check "Yes" if either the contributions to the plan or the benefits paid by the plan are subject to the collective bargaining process, even if the plan is not established and administered by a joint board of trustees. Check "Yes" even if only some of those covered by the plan are members of a collective bargaining unit which negotiates benefit levels on its own behalf. The benefit schedules need not be identical for all employees under the plan.

10. The insurance company (or similar organization) which provides benefits is required to provide the plan administrator with the information needed to complete the return/report, pursuant to ERISA section 103(a)(2). If you do not receive this information in a timely manner, contact the insurance company (or similar organization). If information is missing on Schedule A due to a refusal to provide this information, note this on Schedule A. If there are no Schedule(s) A attached, enter "0."

11a. Check "Yes" if an amendment to the plan was adopted in this plan year, regardless of the effective date of the amendment.

11b. Check "Yes" only if the accrued benefits were retroactively reduced. For example, a plan provides a benefit of 2% for each year of service, but the plan is amended to change the benefit to 1½% a year for all years of service under the plan.

11c. Check "Yes" only if an amendment changed the information previously provided to participants by the summary plan description or summary description of modifications.

11d. A revised summary plan description or summary description of modifications must be filed with DOL and distributed to all plan participants and pension plan beneficiaries no later than 210 days after the close of the plan year in which the amendment(s) was adopted. If the material was distributed and filed since the amendments were adopted (even if after the end of the plan year), check "Yes" to item 11d.

12a. Check "Yes" if this is a pension plan subject to minimum funding standards that has experienced a funding deficiency. If item 12a is answered "Yes," and item 6a indicates this is a defined benefit pension plan, complete and attach Schedule B (Form 5500) to this registration statement. All defined benefit plans are subject to minimum funding standards except fully insured plans, church plans, governmental plans, and certain other plans covered by Code section 412(h). Code section 412 describes the minimum funding standards applicable to defined contribution plans qualified under Code section 401(a) or 403(a). A funding deficiency occurs if the amount of required employer contribution for the plan year exceeds the actual contribution paid by the employer for the plan year.

12b. If item 12a is answered "Yes," this item must be answered. If a funding deficiency occurs, Form 5330 must be filed with the IRS to pay the excise tax on the amount of the deficiency.

13 and 14. Use either the cash, modified accrual, or accrual basis for recognition of transactions in items 13 and 14, as long as one method is used consistently. Round off all amounts in items 13 and 14 to the nearest dollar. Where it is used in these instructions, "current value" means fair market value where available. Otherwise, it means the fair value as determined in good faith under the terms of the plan by a trustee or a named fiduciary, assuming an orderly liquidation at the time of the determination.

If the assets of two or more plans are maintained in one trust, such as when an employer has two plans that are funded through a single trust (except investment arrangements filing directly with DOL), complete items 13 and 14 by entering the plan's allocable part of each line item.

If assets of one plan are maintained in two or more trust funds, report the combined financial information in 13 and 14. Fully insured defined benefit or defined contribution pension plans meeting the conditions of 29 CFR 2520.104-44 need not complete items 13 and 14.

For purposes of the annual return/report and the alternative method of compliance set forth in 29 CFR 2520.104-44, a contract is considered to be "allocated" only if the insurance company or organization that issued the contract unconditionally guarantees, upon receipt of the required premium or consideration, to provide a retirement benefit of a specified amount, without adjustment for fluctuations in the market value of the underlying assets of the company or organization, to each participant, and each participant has a legal right to such benefits which is legally enforceable directly against the insurance company or organization.

13a. Enter the total plan assets at the beginning and end of the plan year. Plan assets may include, among other things:

(1) Cash including both interest and noninterest bearing. This includes all cash on hand or in a financial institution including money market funds.

(2) Receivables including all contributions due to the plan from the employer and participants, income earned, but not yet received by the plan and receivables from any other source.

(3) Investments including securities (stocks, bonds, U.S. Government obligations, municipal obligations, etc.); real property (land, buildings, gold, furniture, equipment, etc.); loans (mortgages, promissory notes, etc.); and all other investments (certificates of deposit, repurchase agreements, land contracts, units of participation in common/collective trusts and pooled separate accounts, shares of registered investment companies (mutual funds), interests in master trusts and 103-12 IEs, etc.).

Plans holding units of participation in common/collective trusts and/or pooled separate accounts must attach to the Form 5500-R either the statement of assets and liabilities of the common/collective trust and/or pooled separate account or the required certification. For details, see 29 CFR sections 2520.103-3, 2520.103-4, 2520.103-5, and 2520.103-9.

Plans in a master trust must include the value of the plan's interest in the master trust which is the sum of the net values of the plan's interest in all of the master trust investment accounts. The net values of such interests are obtained by multiplying the plan's percentage interest in each master trust investment account by the net assets of the investment account (total assets minus total liabilities) at the beginning and end of the plan year.

13b. Enter the total liabilities at the beginning and end of the plan year. Liabilities to be entered here do not include the value of future pension payments to plan participants; however, the amount to be entered in item 13b for accrual basis filers includes, among other things:

(1) Benefit claims that have been processed but have not been paid,

(2) Accounts payable obligations owed by the plan that were incurred in the normal operations of the plan but have not been paid,

(3) Other liabilities such as acquisition indebtedness and any other amount owed by the plan.

13c. Enter the net assets as of the beginning and end of the plan year. Subtract item 13b from item 13a.

14a. Enter all plan income during the year. Plan income received and/or receivable may include, among other things:

(1) Interest on investments (including money market funds, sweep accounts, STIF accounts, etc.)

(2) Dividends. (Accrual basis plans should include dividends declared for all stock held by the plan even if the dividends have not been received as of the end of the plan year.)

(3) Rents from income producing property owned by the plan.

(4) Royalties.

(5) Contributions including securities or other noncash property contributed to the plan.

(6) Net gains or loss from the sale of assets.

(7) Other income such as unrealized appreciation (depreciation) in plan assets. To compute this amount subtract the current value of all assets at the beginning of the year plus the cost of any assets acquired during the plan year from the current value of all assets at the end of the year minus assets disposed of during the plan year. A negative figure should be placed in parentheses.

14b. Enter all the expenses of the plan during the year. Expenses (paid and/or payable) may include, among others:

(1) Direct payments made to participants or beneficiaries in cash, securities or other property. If the securities or other property are distributed to plan participants or beneficiaries, include the fair market value (or a good faith estimate if fair market value is not available) on the date the property was distributed.

(2) Payments to insurance carriers and similar organizations (including Blue Cross, Blue Shield and health maintenance organizations).

(3) Payments to provide benefits for such things as legal services, day care services, training and apprenticeship services.

(4) Administrative expenses including:

(A) Salaries to employees of the plan.

(B) Expenses for accounting, actuarial, legal, and investment services.

(C) Fees and expenses for trustees including reimbursement for travel, seminars and meeting expenses.

(D) Fees paid for valuations and appraisals.

If this Form 5500-R is filed only for purposes of fulfilling the requirements of Code section 6039D, i.e., for a fringe benefit plan but not for a welfare benefit plan, do not include overhead expenses such as utilities and photocopying expenses. If this filing is only for an educational assistance program described in Code section 127, do not include expenses for job-related training that are deductible under Code section 162.

14c. Enter the net income (loss). Subtract item 14b from item 14a. If the result is a negative number, enter it in parentheses.

14d. Enter the total cash contributions received and (for accrual basis plans) due to be received from the employer, participants and/or any other source.

14e. Include payments made (and for accrual basis filers payments due) to participants or beneficiaries in cash, securities or other property and to insurance carriers (or similar organizations such as Blue Cross, Blue Shield, and health maintenance organizations, etc.). If securities or other property are distributed to plan participants or beneficiaries, include the fair market value (or a good faith estimate if fair market value is not available) on the date of distribution.

15. Check "Yes" or "No" and enter the total amount (except 15i) for all "Yes" responses. Round off all amounts to the nearest dollar.

15a. Check "Yes" and indicate the aggregate amount of coverage available for all claims if every plan official who handles plan funds is covered by a bond. Otherwise, check "No." Generally, every plan official of an employee benefit plan who "handles" funds or other property of such plan must be bonded. A plan administrator, officer, or employee shall be deemed to be "handling" funds or other property of a plan, so as to require bonding, whenever his or her duties or activities with respect to given funds are such that there is a risk that such funds could be lost in the event of fraud or dishonesty on the part of such person, acting either alone or in collusion with others. Section 412 of ERISA and the regulations found at 29 CFR 2580 provide the bonding requirements including the definition of "handling" (29 CFR 2580.412-6), the permissible forms of bonds (29 CFR 2580. 412-10), and certain exemptions such as the exemption for unfunded plans, banks and insurance companies (ERISA section 412) and the exemption allowing plan officials to purchase bonds from surety companies authorized by the Secretary of the Treasury as acceptable reinsurers on Federal bonds (29 CFR 2580.412-23).

Check "Yes" only if the plan itself (as opposed to the plan sponsor) is a named insured under a fidelity bond covering plan officials.

Plans are permitted under certain conditions to purchase fiduciary liability insurance. These policies do not protect the plan from dishonest acts and are not bonds which should be reported in item 15.

15b. If item 15a is answered "Yes," this must be answered. Check "Yes" to item 15b if the plan has suffered or discovered any loss as the result of a dishonest or fraudulent act(s). If "Yes," enter the full amount of the loss. If the full amount of the loss has not yet been determined, provide and disclose that the figure is an estimate, such as "approximately $1,000."

Note: *Willful failure to report is a criminal offense. See ERISA section 501.*

15c. For purposes of item 15, the term "employer" includes affiliates of the employer. In determining the five most highly paid employees, use all compensation paid including cash, bonuses, and noncash payments (e.g., the use of a car). A fiduciary is a person with respect to a plan to the extent: (1) he or she exercises any discretionary authority or discretionary control with respect to the management of such plan or exercises any authority or control with respect to the management or disposition of its assets, (2) he or she renders investment advice for a fee or other compensation, direct or indirect, with respect to any moneys or other property of such plan, or has any authority or responsibility to do so, or (3) he or she has any discretionary authority or discretionary responsibility in the administration of such plan.

15d. Relatives include spouses, siblings, ancestors, lineal descendents (e.g., children, grandchildren, etc.) and spouses of lineal descendents. If 15c is answered "Yes," enter the total amount of these transactions.

15e. An "employer security" is a security issued by an employer (including affiliates of employees) covered by the plan. These may include common stocks, preferred stocks, bonds, zero coupon bonds, debentures, convertible debentures, notes, and commercial paper.

Employer real property is any real property (and related personal property) owned by the plan and leased to the employer of employees covered by the plan. This may include land, warehouses, office buildings, etc. If item 15e is "Yes," enter the total amount of employer securities and/or employer real property held or acquired.

15f. Generally, a loan requires that both the principal and interest be paid according to a pre-established repayment schedule. If the principal and/or interest has not been paid in accordance with the original repayment schedule and the period for repayment of the principal and/or interest has been extended, or the loan has been renegotiated after the original repayment schedule has not been met, a "Yes" must be checked and the total amount of the delinquent loan must be entered. Otherwise check "No."

15h. Check "Yes" for obligations where the required payments have not been made by the due date. With respect to notes and loans, the due date, payment amount and conditions for default are usually contained in the note or loan document. Defaults can occur at any time for those obligations that require periodic repayment. Generally, loans and fixed income obligations are considered uncollectible when payment has not been made and there is little probability that payment will be made. A loan by the plan is in default when the borrower is unable to pay the obligation upon maturity. A fixed income obligation has a fixed maturity date at a specified interest rate. If item 15h is "Yes," enter the total amount of loans by the plan or fixed income obligations that are uncollectible or in default as of the plan year end.

15l. Consider all fiduciaries and parties providing services to the plan, including (1) persons who are fiduciaries by reason of their relationship to a master trust investment account or 103-12 IE in which the plan has an interest or the assets in such an investment account or 103-12 IE; and (2) parties providing services rendered with respect to assets held in master trusts and 103-12 IEs.

See item 15c above for the definition of fiduciary.

15j. Include as a single security all securities of the same issue. For the purposes of item 15j, do not check "Yes" for securities issued by the U.S. Government or its agencies. If item 15j is "Yes," enter the total.

15k. In determining the 20% figure, subtract the current value of plan assets held in any master trust or 103-12 IE from the current value of the plan's total assets at the beginning of the plan year. Check "Yes" if the plan had:

1. A single transaction within the plan year in excess of 20% of the current value of the plan assets;

2. Any series of transactions with, or in conjunction with, the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 20% of the current value of plan assets;

3. Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 20% of the current value of the plan assets; or

4. Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 20% of the current value of plan assets. The 20% figure is determined by comparing the current value of the transaction at the transaction date with the current value of the plan assets at the beginning of the plan year.

If the assets of two or more plans are maintained in one trust, the plan's allocable portion of the transactions of the trust shall be combined with the other transactions of the plan, if any, to determine which transactions (or series of transactions) are reportable (20%) transactions.

Exception. For investments in common/collective trusts, pooled separate accounts, 103-12 IEs, and registered investment companies, determine the 20% figure by comparing the transaction date value of the acquisition and/or disposition of units of participation or shares in the entity with the current value of the plan assets at the beginning of the plan year. Check "No" if all plan funds are held in a master trust. Do not include individual transactions of common/collective trusts, pooled separate accounts, 103-12 IEs, and registered investment companies.

If item 15k is answered "Yes," enter the amount.

15l. Check "No" if the plan received all of its contributions in cash. Generally, as it relates to this question, an appraisal by an unrelated third party is an evaluation of the value of the asset contributed prepared by an individual or firm who knows how to judge the value of the asset and does not have an ongoing relationship with the plan or plan fiduciaries except for preparing the appraisal. If item 15l is checked "Yes," enter the value of the asset as established by the plan.

15m. Non-publicly traded securities are generally held by few people and not traded on a stock exchange. Generally, as it relates to this question, an appraisal by an unrelated third party is an evaluation of the value of the security prepared by an individual or firm who knows how to judge the value of the security and does not have an ongoing relationship with the plan or plan fiduciaries except for preparing the appraisal. If item 15m is answered "Yes," enter the value of the security as established by the plan.

16a. If you are uncertain as to whether the plan is covered under the PBGC termination insurance program, check the box "Not determined" and contact the PBGC and request a coverage determination. Welfare and fringe benefit plans do not complete this item.

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare
Benefits Administration

Pension Benefit
Guaranty Corporation

1988 Instructions for Schedule B (Form 5500)

Actuarial Information

(Code references are to the Internal Revenue Code. ERISA refers to the Employee Retirement Income Security Act of 1974.)

General Instructions

Who Must File.—The employer or plan administrator of a defined benefit plan that is subject to the minimum funding standards (see Code section 412 and Part 3 of Title I of ERISA) must file this schedule as an attachment to the return/report filed for this plan year.

For split-funded plans, the costs and contributions reported on Schedule B should include those relating to both trust funds and insurance carriers.

Statement by Enrolled Actuary.—An enrolled actuary must sign the Schedule B. The signature of the enrolled actuary may be qualified to state that it is subject to attached qualifications. See Code section 301.6059-1(d) for permitted qualifications. A stamped or machine produced signature is not acceptable. In addition, the actuary may offer any other comments related to the information contained in Schedule B.

Specific Instructions

(References are to line items on the form.)

4a. Only certain collectively bargained plans may elect the shortfall funding method (see regulations under Code section 412). Advance approval from the IRS of the election of the shortfall method of funding is NOT required if it is first adopted for the first plan year to which Code section 412 applies. However, advance approval from IRS is required if the shortfall funding method is adopted at a later time, if a specific computation method is changed, or if the shortfall method is discontinued.

4b. Attach an explanation of the basis for the determination that the plan is in reorganization for this plan year. Also attach a worksheet showing for this plan year (i) the amounts considered contributed by employers, (ii) any amount waived by IRS, (iii) the development of the minimum contribution requirement (taking into account the applicable overburden credit, cash-flow amount, contribution bases and limitation on required increases on the rate of employer contributions), and (iv) the resulting accumulated funding deficiency, if any, which is to be reported on line 8e in lieu of an amount from line 9m.

5. Changes in funding methods include changes in actuarial cost method, changes in asset valuation method, and changes in the valuation date of plan costs and liabilities or of plan assets. Generally, these changes require IRS approval. If approval was granted by an individual ruling letter for this plan, attach a copy of the letter. If approval was granted pursuant to a regulation, class ruling, or revenue procedure, attach a copy of the items required by the applicable regulation, ruling, or procedure.

6a. The valuation for a plan year may be as of any date in the year, including the first and last. Valuations must be performed within the period specified by ERISA section 103(d) and Code section 412(c)(9).

6b. This item does not apply to the first plan year to which the minimum funding standards apply.

6c. Enter the current value of total assets as of the beginning of the plan year, as shown on Form 5500 or Form 5500-C.

6d and e. All plans regardless of the number of participants must provide the information indicated in accordance with these instructions. The term "accrued benefit" means the individual's accrued benefit determined under the plan as required by ERISA section 204.

With the exception of the interest rate, each actuarial assumption used in calculating the present value of accrued benefits reported in item 12 should reflect the best estimate of the plan's future experience solely with respect to that assumption applicable to the plan on an ongoing (rather than a terminating) basis. The actuary shall take into account rates of early retirement and the plan's early retirement provisions as they relate to the accrued benefits, where these would significantly affect the results. No salary scale projections should be used in computing the present values. See instructions for item 12 for further requirements concerning actuarial assumptions.

The interest rate used to compute the present values must be within 10 percent of the weighted average of the 30-year Treasury bond rate as published by the IRS.

Note: *The above values do not necessarily represent the current liability of the plan as that term is defined in Code section 412(l)(7). Published guidance will specify what benefits are taken into account in determining current liability.*

The present value of accrued benefits for both d and e shall be increased by the present value of any subsidized early retirement benefits, disability benefits, and death benefits which are related to the accrued benefit. The present value of accrued benefits should also be increased by the present value of a cost-of-living clause if such a clause is currently part of the benefit formula. The present value should not include the value of unpredictable contingent event benefits (e.g., plant shutdown benefits) unless the event has occurred.

Omit from items 6d and e liabilities fully funded by annuity and insurance contracts other than any contract funds not allocated to individuals.

6d. Include the present value of all vested accrued benefits that are vested as of the beginning of the plan year. Item 6d(i) should include the present value of vested benefits for all retired participants; 6d(ii) should include the present value of vested benefits for other participants; and 6d(iii) is the sum of 6d(i) and (ii). Normally, withdrawal rates would not be used in these calculations.

6e. Include the present value of the excess of the accrued benefits over the vested benefits included in 6d.

7. Show all employer and employee contributions for the plan year, and employer contributions made not later than 2½ months (or such later date allowed under Code section 412(c)(10) and ERISA section 302(c)(10)) after the end of the plan year. Show only contributions actually made to the plan by the date Schedule B is signed.

8a. If the attained age normal, aggregate, or frozen initial liability or other method that does not develop an accrued liability is used, enter "N/A."

8b. Enter the value of assets determined in accordance with Code section 412(c)(2) or ERISA section 302(c)(2).

8d(ii). For the methods to be used to determine the shortfall gain (loss) see the regulations under Code section 412.

8e. Insert amount from item 9m. However, if the alternative method is elected and item 10h is smaller than item 9m, enter the amount from item 10h. Multiemployer plans in reorganization, see instruction 4b. File Form 5330 with the IRS to pay 5% excise tax on the funding deficiency.

9. Under the shortfall method of funding, the *normal cost* in the funding standard account is the charge per unit of production (or per unit of service) multiplied by the actual number of units of production (or units of service) which occurred during the plan year. Each amortization installment in the funding standard account is similarly calculated.

9b. If no valuation was made for the current year, enter the normal cost calculated in the most recent actuarial valuation or the estimated cost for the current year based on such valuation. If amounts are not as of the date of the most recent actuarial valuation, indicate in the Statement of Actuarial Assumptions how the amounts shown were determined.

9c and h. The outstanding balance may be as of any day in this plan year.

9j. Report a credit for a waived funding deficiency (Code section 412(d)(3)(C)) or a full funding credit (Code section 412(c)(6)) as a credit to the funding standard account. If a waiver of a funding deficiency is pending, it is not to be reported as a credit but as a funding deficiency. If the waiver is granted, an amended Schedule B (Form 5500) should be filed to report it.

10a. If the entry age normal cost method was not used to determine the entries in item 9, the alternative minimum funding standard account may not be used.

10d. The value of accrued benefits should exclude benefits accrued for the current plan year. The market value of assets should be reduced by the amount of any contributions for the current plan year.

11. Enter only the primary method used. If the plan uses one actuarial cost method in one year as the basis of establishing an accrued liability for use under the frozen initial liability method in subsequent years, answer as if the frozen initial liability method were used in all years.

For a modified individual level premium method for which actuarial gains and losses are spread as a part of future normal cost, check box g and describe the cost method. For the shortfall funding method, check the appropriate box for the underlying actuarial cost method used to determine the annual computation charge.

12. If gender-based statistics are used in developing plan costs, enter such rates where appropriate in item 12. Note that requests for gender-based cost information do not suggest that gender-based benefits are legal. Complete all blanks. Enter "N/A" if not applicable. If the assumptions listed under columns A and B differ, explain, in an attached Statement of Actuarial Assumptions, the reasons for the differences.

If unisex tables are used, enter the values in both the male and female columns.

Attach a statement of actuarial assumptions used (if not fully described by item 12), actuarial methods used to calculate (i) the figures shown in items 6, 8, 9, 10 (if not fully described by item 11), and (ii) the value of assets shown on line 8b. The statement is to include a summary of the principal eligibility and benefit provisions upon which the valuation was based, an identification of benefits not included in the calculation, and other facts, such as any change in actuarial assumptions or cost methods and justifications for any such change. Include also such other information, if any, needed to fully and fairly disclose the actuarial position of the plan.

12a. Check "Yes" if the rates in the contract were used (e.g., purchase rates at retirement).

12b. Enter code as follows:

Table	Code
1937 Standard Annuity	1
a-1949 Table	2
Progressive Annuity Table	3
1951 Group Annuity	4
1971 Group Annuity Mortality	5
1971 Individual Annuity Mortality	6
UP-1984	7
1983 I.A.M.	8
1983 G.A.M	9
Other	10
None	11

Where an indicated table consists of separate tables for males and females, add F to the female table (e.g., 4F). When a projection is used with a table, follow the code with "P" and the year of projection (omit year if the projection is unrelated to a single calendar year); the identity of the projection scale should be omitted. When an age setback or setforward is used, indicate with "–" or "+" and the years. For example, if for females the 1951 Group Annuity Table with Projection C to 1971 is used with a 5-year setback, enter "4P71-5." If the table is not one of those listed, enter "10" with no further notation. If the valuation assumes a maturity value to provide the post-retirement income without separately identifying the mortality, interest and expense elements under "post-retirement," enter on 12b the value of $1.00 of monthly pension beginning at the age shown on 12d, assuming the normal form of annuity for an unmarried person; in this case enter "N/A" on 12c and 12e.

12c. For column A enter the interest rate that is within ten percent of the weighted average of the 30-year Treasury Bond rate used to determine the present value in item 6d. For column B enter assumption as to expected interest rate (investment return). If the assumed rate varies with the year, enter the weighted average of the assumed rate for 20 years following the valuation date.

12d. If each participant is assumed to retire at his/her normal retirement age, enter the age specified in the plan as normal retirement age; do not enter "NRA." Otherwise, enter the assumed retirement age. If the valuation uses rates of retirement at various ages, enter the estimated average whole age at which participants are assumed to retire.

12e. If there is no expense loading, enter "-0-". If there is a single expense loading not separately identified as pre-retirement or post-retirement, enter it under pre-retirement and enter "N/A" under post-retirement. Where expenses are assumed other than as a percent of plan costs or liabilities, enter the assumed expense as a percent of the calculated normal cost.

12f. Enter rates to nearest 0.1%. If select and ultimate rates which vary with both age and years of service are used, enter rates for a new participant at the age shown and enter "S" before the rate.

12g. Enter salary ratio for the age indicated to the nearest 1%.

12h. Enter the rate of return on the actuarial value of plan assets for the one year period ending on the valuation date. For this purpose, the rate of return should be the dollar rate of return using the formula $2I/(A+B-I)$, where I is the investment return under this asset valuation method used for the plan, A is the actuarial value of the assets one year ago, and B is the actuarial value of the assets on the current valuation date.

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